#### Case 21-51913-sms Doc 1 Filed 03/08/21 Entered 03/08/21 16:45:41 Desc Main Document Page 1 of 65

Fill in this information to identify your of	case:
United States Bankruptcy Court for the:  NORTHERN DISTRICT OF GEORGIA	
Case number (if known):	Chapter you are filing under:  ✓ Chapter 7  ─ Chapter 11  ─ Chapter 12  ─ Chapter 13

#### Official Form 101

#### **Voluntary Petition for Individuals Filing for Bankruptcy**

04/20

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together--called a joint case--and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses Debtor 1 and Debtor 2 to distinguish between them. In joint cases, one of the spouses must report information as Debtor 1 and the other as Debtor 2. The same person must be Debtor 1 in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

#### Part 1: Identify Yourself

·	About Debtor 1:	About Debtor 2 (Spouse Only in a Joint Case):
1. Your full name		, ,
Write the name that is on government-issued pictulidentification (for example	e <u>Lucia</u> First Name	First Name
your driver's license or passport).	Middle Name	Middle Name
. ,	Morrison	<u> </u>
Bring your picture identification to your mee	Last Name ing	Last Name
with the trustee.	Suffix (Sr., Jr., II, III)	Suffix (Sr., Jr., II, III)
2. All other names you		
have used in the last 8 years	First Name	First Name
Include your married or	Middle Name	Middle Name
maiden names.	Last Name	Last Name
3. Only the last 4 digits of your Social Security	xxx - xx - <u>1</u> <u>0</u> <u>5</u>	xxx - xx
number or federal Individual Taxpayer	OR	OR
Identification number	9xx - xx	9xx - xx

Debtor 1 Lucia Carlota Mo		Lucia Carlota Morr	ison	Case number (if known)		
			About Debtor 1:	About Debtor 2 (Spouse Only in a Joint Case):		
4.	and E	usiness names mployer	✓ I have not used any business names or EIN	s.   I have not used any business names or EINs.		
	(EIN) y	ication Numbers ou have used in st 8 years	Business name	Business name		
	Include	e trade names and	Business name	Business name		
	doing l	ousiness as names	Business name	Business name		
			EIN	EIN		
			EIN	EIN — — — — — — —		
5.	Where	you live		If Debtor 2 lives at a different address:		
			155 Kay Circle Number Street	Number Street		
			-	· · ·		
			Covington GA 30014	0.5		
			City State ZIP Code  NEWTON	City State ZIP Code		
			County	County		
			If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address.	If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to you at this mailing address.		
			Number Street	Number Street		
			P.O. Box	P.O. Box		
			City State ZIP Code	City State ZIP Code		
6.		ou are choosing	Check one:	Check one:		
	bankrı	strict to file for uptcy	Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.	Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.		
			I have another reason. Explain. (See 28 U.S.C. § 1408.)	I have another reason. Explain. (See 28 U.S.C. § 1408.)		
Р	art 2:	Tell the Court A	bout Your Bankruptcy Case			
7.	Bankr	napter of the uptcy Code you	Check one: (For a brief description of each, see N for Bankruptcy (Form 2010)). Also, go to the top o	otice Required by 11 U.S.C. § 342(b) for Individuals Filing f page 1 and check the appropriate box.		
	are ch under	oosing to file	Chapter 7			
			Chapter 11			
			Chapter 12			
			☐ Chapter 13			

Deb	tor 1	Lucia Carlota Mor	rison			_ Case num	ber (if known)	
8.	How yo	low you will pay the fee		court for	pay the entire fee when I file my for more details about how you m ith cash, cashier's check, or mon f, your attorney may pay with a cr	ay pay. Typically ey order. If your	y, if you are pay attorney is subi	ring the fee yourself, you may mitting your payment on your
					I to pay the fee in installments. duals to Pay The Filing Fee in Ins			and attach the Application for
				By law than 1 fee in i	rest that my fee be waived (You v, a judge may, but is not required 50% of the official poverty line the installments). If you choose this Fee Waived (Official Form 103B)	d to, waive your for at applies to you option, you must	ee, and may do r family size an fill out the App	so only if your income is less d you are unable to pay the
bank	-	ou filed for		No				
		nkruptcy within the t 8 years?		Yes.				
			Dist	ict		When	MM / DD / YYYY	Case number
			Dist	ict		When	MM / DD / YYYY	Case number
			Dist	ict		When		Case number
10.	-	y bankruptcy	$\overline{\mathbf{A}}$	No				
	•	es pending or being I by a spouse who is		Yes.				
		ng this case with by a business	Deb	or			Relationsh	ip to you
	partner	, or by an	Dist	ict		When		Case number,
	affiliate	) <b>(</b>				I	MM / DD / YYYY	if known
			Deb	or			Relationsh	ip to you
			Dist	ict				Case number,
							MM / DD / YYYY	if known
11.	Do you residen	rent your nce?			Go to line 12. Has your landlord obtained an e	viction judgment	against you?	
	_				No. Go to line 12.  Yes. Fill out Initial Stateme and file it as part of this bar		-	Against You (Form 101A)

Debtor 1 Lucia Carlota Morri		rison	Case number (if known)						
Pa	art 3: Report About A	ny Bı	usine	sses You Own as a	a Sole P	roprietor			
12.	Are you a sole proprietor of any full- or part-time business?			Go to Part 4. Name and location of b	usiness				
	A sole proprietorship is a business you operate as an individual, and is not a separate legal entity such as a corporation, partnership, or LLC.			Name of business, if any  Number Street					
	If you have more than one sole proprietorship, use a separate sheet and attach it to this petition.			City  Check the appropriate  Health Care Busin Single Asset Real Stockbroker (as d Commodity Broke	ness (as d I Estate (a lefined in <sup>a</sup> er (as defir	efined in 11 U.S. s defined in 11 U 11 U.S.C. § 101(§	C. § 101(27A)) .S.C. § 101(51E 53A))	ZIP Co	de
13.	Are you filing under Chapter 11 of the Bankruptcy Code, and are you a small business debtor or a debtor as defined by 11 U.S.C. § 1182(1)? For a definition of small business debtor, see 11 U.S.C. § 101(51D).	cho are mo:	osing i a sma st rece	filing under Chapter 11, to proceed under Subchall business debtor or you not balance sheet, statem if these documents do not I am not filing under Clam filing under Chapt the Bankruptcy Code.	apter V so a are choosenent of ope of exist, following the chapter 11.	that it can set apsing to proceed userations, cash-flow	propriate deadli nder Subchapte w statement, and e in 11 U.S.C. §	ines. If you er V, you mu d federal in 1116(1)(B)	i indicate that you ust attach your come tax return ).
	11 6.6.6. 3 101(612).		Yes.	I am filing under Chapt Bankruptcy Code, and				-	
D	Depart If Voy C		Yes.	I am filing under Chapt Bankruptcy Code, and	I choose t	to proceed under	Subchapter V o	f Chapter 1	1.
	Do you own or have any property that poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety? Or do you own	wn o	No Yes.	e Any Hazardous F What is the hazard?	roperty	or Any Prop	erty That Ne	eas imm	ediate Attention
	any property that needs immediate attention?			If immediate attention i	is needed	, why is it needed	?		
	For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs?			Where is the property?	Number	Street			
					City			State	ZIP Code

Deb	otor 1 <u>Lucia Carl</u> e	ota Morrison	Case number (if known)					
Р	art 5: Explain	Your Efforts to Re	ceive a Briefing About Credi	it Co	ounseling			
15.	Tell the court whether you have received a briefing about	counseling ager	fing from an approved credit ncy within the 180 days before I	Yo	ou must check one I received a brie counseling ager	fing from an approved credit acy within the 180 days before I		
	credit counseling.	certificate of cor	ptcy petition, and I received a npletion. the certificate and the payment		certificate of cor	ptcy petition, and I received a npletion. the certificate and the payment		
	The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You	plan, if any, that y  I received a brie  counseling ager	you developed with the agency.  fing from an approved credit acy within the 180 days before I ptcy petition, but I do not have		plan, if any, that you developed with the agency.  I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.			
	must truthfully check one of the following choices.	•	fter you file this bankruptcy petition, copy of the certificate and payment		•	ter you file this bankruptcy petition, copy of the certificate and payment		
	If you cannot do so, you are not eligible to file.  If you file anyway, the court can dismiss your case,	services from ar unable to obtain days after I mad	ked for credit counseling approved agency, but was those services during the 7 e my request, and exigent nerit a 30-day temporary quirement.		□ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.			
	you will lose whatever filing fee you paid, and your creditors can begin collection activities again.	requirement, atta efforts you made were unable to ob	ay temporary waiver of the ch a separate sheet explaining what to obtain the briefing, why you brain it before you filed for what exigent circumstances le this case.		To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explai efforts you made to obtain the briefing, why were unable to obtain it before you filed for bankruptcy, and what exigent circumstance required you to file this case.			
		dissatisfied with y	e dismissed if the court is your reasons for not receiving a ou filed for bankruptcy.	for not receiving a dissa		Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.		
		still receive a brie You must file a co along with a copy	sfied with your reasons, you must fing within 30 days after you file. ertificate from the approved agency, of the payment plan you.  If you do not do so, your case d.		still receive a brie You must file a co along with a copy	rt is satisfied with your reasons, you must ve a briefing within 30 days after you file. If tile a certificate from the approved agency ha copy of the payment plan you d, if any. If you do not do so, your case ismissed.		
		for cause and is I	the 30-day deadline is granted only imited to a maximum of 15 days.			of the 30-day deadline is granted only is limited to a maximum of 15 days.		
		credit counselin		_	credit counselin	_		
		☐ Incapacity.	I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.		☐ Incapacity.	I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.		
		☐ Disability.	My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.		☐ Disability.	My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.		
		Active duty.	I am currently on active military duty in a military combat zone.		Active duty.	I am currently on active military duty in a military combat zone.		
			are not required to receive a edit counseling, you must file a			are not required to receive a dit counseling, you must file a		

motion for waiver of credit counseling with the court.

motion for waiver of credit counseling with the court.

Debtor 1		Lucia Carlota Morri		Case number (if known)					
P	art 6:	Answer These C	luest	ions for Reporting Pເ	ırpos	ses			
16.	What ki	What kind of debts do you have?				sumer debts? Consumer de imarily for a personal, family,		re defined in 11 U.S.C. § 101(8) usehold purpose."	
			16b	Are your debts primarily business debts? Business debts are debts that you incurred to obtain money for a business or investment or through the operation of the business or investment.  No. Go to line 16c.  Yes. Go to line 17.					
			16c.	State the type of debts yo	ou ow	e that are not consumer or bu	sines	s debts.	
17.	Are you Chapte	ı filing under r 7?		No. I am not filing under	· Chap	oter 7. Go to line 18.			
	any exe exclude adminis are paid availab	estimate that after empt property is ed and strative expenses d that funds will be le for distribution ecured creditors?	Ø	•		•	-	xempt property is excluded and to distribute to unsecured creditors?	
18.		any creditors do iimate that you		1-49 50-99 100-199 200-999		1,000-5,000 5,001-10,000 10,001-25,000		25,001-50,000 50,001-100,000 More than 100,000	
19.		uch do you e your assets to th?		\$0-\$50,000 \$50,001-\$100,000 \$100,001-\$500,000 \$500,001-\$1 million		\$1,000,001-\$10 million \$10,000,001-\$50 million \$50,000,001-\$100 million \$100,000,001-\$500 million		\$500,000,001-\$1 billion \$1,000,000,001-\$10 billion \$10,000,000,001-\$50 billion More than \$50 billion	
20.		uch do you se your liabilities to		\$0-\$50,000 \$50,001-\$100,000 \$100,001-\$500,000 \$500,001-\$1 million		\$1,000,001-\$10 million \$10,000,001-\$50 million \$50,000,001-\$100 million \$100,000,001-\$500 million		\$500,000,001-\$1 billion \$1,000,000,001-\$10 billion \$10,000,000,001-\$50 billion More than \$50 billion	

Debtor 1	Lucia Carlota Mor	rison	Case number (if known)	
Part 7:	Sign Below			
For you	_	I have examined this petition, and I de and correct.	clare under penalty of perjury that the information	provided is true
		·	7, I am aware that I may proceed, if eligible, under I understand the relief available under each chapte	
		· ·	not pay or agree to pay someone who is not an att and read the notice required by 11 U.S.C. § 342(b	
		I request relief in accordance with the	chapter of title 11, United States Code, specified in	n this petition.
		<u> </u>	t, concealing property, or obtaining money or propen result in fines up to \$250,000, or imprisonment for and 3571.	
		X /s/ Lucia Carlota Morrison Lucia Carlota Morrison, Debtor 1	X Signature of Debtor 2	
		Executed on 03/05/2021 MM / DD / YYYY	Executed on MM / DD / YYY	<del>//</del>

Debtor 1 Lucia Carlota Mon	rison	Case number (if know	n)				
For your attorney, if you are represented by one  f you are not represented by an attorney, you do not need to file this page.	eligibility to proceed under Chapter 7, 11, 1 relief available under each chapter for whic the debtor(s) the notice required by 11 U.S.	2, or 13 of title 11, United Sta h the person is eligible. I also C. § 342(b) and, in a case in	petition, declare that I have informed the debtor(s) about or 13 of title 11, United States Code, and have explained the he person is eligible. I also certify that I have delivered to § 342(b) and, in a case in which § 707(b)(4)(D) applies, ry that the information in the schedules filed with the petition				
	X /s/ Shannon D. Sneed Signature of Attorney for Debtor	Date	03/05/2021 MM / DD / YYYY				
	Shannon D. Sneed						
	Printed name  Shannon D. Sneed & Associates,	P.C.					
	Firm Name P.O. Box 1245						
	Number Street 2112 Lee Street NW						
	ZTTZ LEG GITGET NW						
	Covington	GA	30015				
	City	State	ZIP Code				
	Contact phone (770) 788-0011	Email address <b>bankr</b>	uptcy@sneedlaw.net				
	665610		_				
	Bar number	State					

Fill in this inf	ormation to ide	entify your c	ase:		
Debtor 1	Lucia First Name	Carlota Middle Name	Morrison Last Name		
Debtor 2 (Spouse, if filing)	First Name	Middle Name	Last Name		
United States Ba	inkruptcy Court for the	he: <b>NORTHE</b> F	RN DISTRICT OF G	EORGIA	
Case number				_	heck if this is an
(if known)				_	mended filing
Official Form	<u> 107</u>				
Statement c	of Financial A	Affairs for	Individuals Fi	ling for Bankruptcy	04/19
Part 1: Given 1. What is your Married Morried Not married During the la	ed st 3 years, have you	at Your Mari	tal Status and Wh	e you live now?  lude where you live now.  Debtor 2:  Same as Debtor 1	Dates Debtor 2 lived there  ☐ Same as Debtor 1
35 Dogw	ood Ln.		From		From
Number	Street		To	Number Street	То
Covingto	on GA	30014	_		
City	State	ZIP Code		City State ZIP Co	ode
Debtor 1:			Dates Debtor 1 lived there	Debtor 2:	Dates Debtor 2 lived there
				Same as Debtor 1	Same as Debtor 1
<u>106 Floy</u>			From <b>7/1/2017</b>		From
Number ————	Street		To <b>7/7/2018</b>	Number Street	To
Hamptor		30228	-		
City	State	ZIP Code		City State ZIP Co	ode

Debtor 1 Lucia Carlota Morrison		Case nur	mber (if known)	
Debtor 1:	Dates Debtor 1 lived there	Debtor 2:		Dates Debtor 2 lived there
		☐ Same as Debto	or 1	☐ Same as Debtor 1
790 Clover Drive	From_			From
Number Street	То	Number Street		То
Social Circle GA 3002	5			
City State ZIP Co	ode	City	State ZIP Code	
Washington, and Wisconsin.)  ✓ No  ☐ Yes. Make sure you fill out Schedule  Part 2: Explain the Sources of		Form 106H).		
Fill in the total amount of income you rec If you are filing a joint case and you have  No Yes. Fill in the details.	•	• .		
	Debtor 1		Debtor 2	
	Sources of income Check all that apply.	Gross income (before deductions and exclusions	Sources of income Check all that apply.	Gross income (before deductions and exclusions
From January 1 of the current year until the date you filed for bankruptcy:	✓ Wages, commissions, bonuses, tips	\$3,440.00	Wages, commissions, bonuses, tips	
	Operating a business		Operating a business	
For the last calendar year:	✓ Wages, commissions, bonuses, tips	\$12,316.00	☐ Wages, commissions, bonuses, tips	
(January 1 to December 31, 2020)	Operating a business		Operating a business	
For the calendar year before that:	₩ Wages, commissions,	\$9,699.00	☐ Wages, commissions,	
(January 1 to December 31, 2019)	bonuses, tips  Operating a business		bonuses, tips  Operating a business	
1111	<b>_</b> .		<u> </u>	

Deb	otor 1	Lucia Carlota Morrison		Case nui	mber (if known)	
5.	Include unemp and ga Debtor	u receive any other income durities income regardless of whether that loyment; and other public benefit publing and lottery winnings. If you 1.	at income is taxable. Example bayments; pensions; rental incurare in a joint case and you ha	s of other income are ome; interest; dividen ave income that you re	alimony; child support; S ds; money collected from eceived together, list it or	lawsuits; royalties;
	□ No ✓ Ye	s. Fill in the details.				
			Debtor 1		Debtor 2	
			Sources of income Describe below.	Gross income from each source (before deductions and exclusions	Sources of income Describe below.	Gross income from each source (before deductions and exclusions
		<b>AC</b> (b	Child Support	\$2,100.00		
		ary 1 of the current year until u filed for bankruptcy:	Daughter's contribution			
		calendar year: o December 31, 2020 )	Child Support Daughter's contribution	\$12,600.00 \$4,750.00		
		endar year before that: o December 31, 2019	Child Support	\$12,360.00 		
			-	<del></del>		

Deb	otor 1	Lucia Carlota Morri	son	Case number (if known)	
Р	art 3:	List Certain Payı	ments You Made Before You	Filed for Bankruptcy	
6.	Are eith	er Debtor 1's or Debto	or 2's debts primarily consumer deb	ts?	
	□ No.		or Debtor 2 has primarily consumer idual primarily for a personal, family, o	<b>debts.</b> Consumer debts are defined in 11 U.S.C or household purpose."	c. § 101(8) as
		During the 90 days b	pefore you filed for bankruptcy, did you	pay any creditor a total of \$6,825* or more?	
		☐ No. Go to line 7.			
		total amour	nt you paid that creditor. Do not includ	of \$6,825* or more in one or more payments and le payments for domestic support obligations, su payments to an attorney for this bankruptcy case.	ch as
		* Subject to adjustme	ent on 4/01/22 and every 3 years after	that for cases filed on or after the date of adjust	ment.
	<b>✓</b> Yes	. Debtor 1 or Debtor	2 or both have primarily consumer	debts.	
		During the 90 days b	pefore you filed for bankruptcy, did you	pay any creditor a total of \$600 or more?	
		No. Go to line 7.			
		creditor. Do		of \$600 or more and the total amount you paid the support obligations, such as child support and aling this bankruptcy case.	
	such as	ncluding one for a busin child support and alimo	ony.	11 U.S.C. § 101. Include payments for domestic	c support obligations
8.		l year before you filed ed an insider?	for bankruptcy, did you make any p	payments or transfer any property on account	of a debt that
	Include	payments on debts gua	ranteed or cosigned by an insider.		
	✓ No ☐ Yes	. List all payments that	benefited an insider.		
Р	art 4:	Identify Legal Ac	ctions, Repossessions, and F	oreclosures	
9.	List all s		personal injury cases, small claims ac	any lawsuit, court action, or administrative p tions, divorces, collection suits, paternity actions	
	□ No ☑ Yes	. Fill in the details.			
Cas	se title		Nature of the case	Court or agency	Status of the case
		Express National cia C. Morrison	Civil Action Status or Disposition:Pendir	Magistrate Court of Henry Count Court Name	y Pending
		oo	Clarac of Diopositionin chair		On appeal
Cas	se numbei	2018-3773CC	_	Number Street	Concluded
				City State ZIP Co	ode

Deb	tor 1	Lucia Carlota Morriso	on	Case number (if known)	
Cas	e title		Nature of the case	Court or agency	Status of the case
		Bank v. Lucia C.	Civil Action	Henry County Magistrate Court	Pending
MOI	rison		Status or Disposition:Pending	Court Name	
Cas	o numbo	r <b>2018-3773CC</b>		Number Street	Concluded
Cas	e numbe	2016-3773CC	-		
				City State ZIP Co	<del></del>
10.	seized,	1 year before you filed for or levied? all that apply and fill in the		ty repossessed, foreclosed, garnished, at	tached,
		Go to line 11.  Fill in the information be	elow.		
11.		•	for bankruptcy, did any creditor, inclu r refuse to make a payment because y	iding a bank or financial institution, set of ou owed a debt?	i <b>any</b>
	✓ No ☐ Yes	s. Fill in the details.			
12.		•	or bankruptcy, was any of your proper ceiver, a custodian, or another official?	ty in the possession of an assignee for th?	e benefit of
	✓ No ☐ Yes	3			
Pa	art 5:	List Certain Gifts	and Contributions		
13.	Within 2	2 years before you filed	for bankruptcy, did you give any gifts	with a total value of more than \$600 per p	erson?
	✓ No ☐ Yes	s. Fill in the details for each	ch gift.		
14.	Within to any o	•	for bankruptcy, did you give any gifts	or contributions with a total value of more	than \$600
	✓ No ☐ Yes	s. Fill in the details for each	ch gift or contribution.		
Pá	art 6:	List Certain Losse	es		
15.		1 year before you filed fo isaster, or gambling?	or bankruptcy or since you filed for ba	nkruptcy, did you lose anything because	of theft, fire,
	✓ No ☐ Yes	s. Fill in the details.			

Debtor 1 Lucia Carlota Morriso		rrison		Case number (if I	known)			
P	art 7:	List Cer	tain Pa	ayments or	Transfers			
16.		-	-		ptcy, did you or anyone else acting nkruptcy or preparing a bankruptcy		or transfer any pro	perty to
	Include	any attorney	s, bankr	ruptcy petition p	reparers, or credit counseling agencie	es for services requi	red for your bankrupt	cy.
	□ No ☑ Yes	s. Fill in the	details.					
	annon D	<b>). Sneed P</b> ( /as Paid	<u> </u>		Description and value of any prop 1200.00	perty transferred	Date payment or transfer was made	Amount of payment
	). Box 1						3-4-2021	\$1,200.00
Num	ber Str	eet			-			
					-			_
	vington		GA	30015	_			
City			State	ZIP Code				
Ema	il or websi	te address			-			
Pers	on Who M	lade the Payme	ent if Not	You	-			
		•			ptcy, did you or anyone else acting	on your behalf pay	or transfer any pro	perty to
					vith your creditors or to make paym			
	Do not	include any p	ayment	or transfer that	you listed on line 16.			
	✓ No ☐ Yes	s. Fill in the	details.					
18.		-	-		uptcy, did you sell, trade, or otherw se of your business or financial aff		operty to anyone, ot	her than
					s made as security (such as granting of ave already listed on this statement.	of a security interest	or mortgage on your	property).
	✓ No	s. Fill in the	details.					
19.		-	-		ruptcy, did you transfer any proper called asset-protection devices.)	ty to a self-settled t	rust or similar devic	ce of which
	✓ No ☐ Yes	s. Fill in the	details.					

Debtor 1 Lucia		Lucia Carlo	ta Morrison		Case number (if known)		
P	art 8:	List Certa	ain Financial	al Accounts, Instruments, Safe Deposit Boxes, and Storage Units			
20.		•	you filed for ba , moved, or trar	ankruptcy, were any financial accounts or insferred?	nstruments held in your name, or for y	/our	
	Include checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unions, brokerage houses, pension funds, cooperatives, associations, and other financial institutions.						
	✓ No ☐ Yes	. Fill in the de	etails.				
21.	-		did you have v or other valuab	within 1 year before you filed for bankruptc bles?	y, any safe deposit box or other depos	sitory	
	✓ No ☐ Yes	. Fill in the de	etails.				
22.	☑ No						
P	art 9:	Identify F	roperty You	ı Hold or Control for Someone Else			
23.	•	hold or contr in trust for so		y that someone else owns? Include any pro	operty you borrowed from, are storing	for,	
	□ No ☑ Yes	. Fill in the de	etails.				
				Where is the property?	Describe the property	Value	
	nn Rodri ner's Name			_	Holding my dad's retirement home belongings in GA til they	\$500.00	
<b>202</b> Num		man Circle eet		155 Kay Circle, Covington, GA 30014 Number Street	can be sent to his new home with my older brother in CA. Couch/table/chairs/desk/dvds/ coffee table, clothing,		
<b>Ora</b> City	ange	<b>CA</b> Stat		City State ZIP Code	personal items		

Deb	otor 1	Lucia Carlota Morrison	Case number (if known)					
Р	art 10:	Give Details About Environmental Information						
For	the pur	pose of Part 10, the following definitions apply:						
	Environmental law means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazardous or toxic substance, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or regulations controlling the cleanup of these substances, wastes, or material.							
	Site means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it or used to own, operate, or utilize it, including disposal sites.							
	<ul> <li>Hazardous material means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, contaminant, or similar item.</li> </ul>							
Rep	port all n	otices, releases, and proceedings that you know about, reg	ardless of when they occurred.					
24.	4. Has any governmental unit notified you that you may be liable or potentially liable under or in violation of an environmental law?							
	✓ No ☐ Yes	s. Fill in the details.						
25.	-	ou notified any governmental unit of any release of hazardo	us material?					
	✓ No □ Ye	s. Fill in the details.						
26.	Have y orders	ou been a party in any judicial or administrative proceeding.	under any environmental law? Include settlements and					
	✓ No ☐ Yes	s. Fill in the details.						
Р	art 11:	Give Details About Your Business or Connect	ons to Any Business					
27.	Within busine	4 years before you filed for bankruptcy, did you own a busiess?	ness or have any of the following connections to any					
		A sole proprietor or self-employed in a trade, profession, or or a A member of a limited liability company (LLC) or limited liability A partner in a partnership  An officer, director, or managing executive of a corporation  An owner of at least 5% of the voting or equity securities of a	ty partnership (LLP)					
	_	. None of the above applies. Go to Part 12. s. Check all that apply above and fill in the details below for ea	ch business.					
28.		2 years before you filed for bankruptcy, did you give a finar ncial institutions, creditors, or other parties.	icial statement to anyone about your business? Include					
	□ No □ Yes	s. Fill in the details below.						

Debtor 1	Lucia Carlota Morrison		Case number (if known)
Part 12	2: Sign Below		
that answ property I	ers are true and correct. I understa	and that making a false statement, co ruptcy case can result in fines up to \$.	es, and I declare under penalty of perjury ncealing property, or obtaining money or 250,000, or imprisonment for up to 20 years,
	cia Carlota Morrison	x	
Lucia (	Carlota Morrison, Debtor 1	Signature of Debtor 2	
Date	03/05/2021	Date	
Did you a	ttach additional pages to Your State	ement of Financial Affairs for Individu	als Filing for Bankruptcy (Official Form 107)?
▼ No □ Yes			
Did you p	ay or agree to pay someone who is	s not an attorney to help you fill out ba	ankruptcy forms?
<b>☑</b> No			
	Name of person		Attach the Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119).

Fill in this info	ormation to ide	ntify you	r case and this filing:		
Debtor 1	Lucia	Carlota			
	First Name	Middle Nar	me Last Name		
Debtor 2 (Spouse, if filing)	First Name	Middle Nar	me Last Name		
(Opodac, ii iiiiig)	ristivante	Wildale 14ai	Lastivanie		
United States Bar	nkruptcy Court for the	ne: <b>NORTH</b>	ERN DISTRICT OF GEORGIA		
Case number (if known)				☐ Check	if this is an
(II KHOWH)				amend	led filing
Official Form	106A/B				
Schedule A/	B: Property				12/15
filing together, bot sheet to this form.	th are equally resp On the top of any	onsible for additional	best. Be as complete and accurate as supplying correct information. If more pages, write your name and case num  Building, Land, or Other Real Es	space is needed, attach a ber (if known). Answer eve	separate ery question.
✓ No. Go to	, ,	•	interest in any residence, building, lan	d, or similar property?	
	•	-	n for all of your entries from Part 1, inc rt 1. Write that number here		\$0.00
Part 2: Des	scribe Your Vel	nicles			
•		-	terest in any vehicles, whether they ar rehicle, also report it on Schedule G: Exe	_	•
3. Cars, vans, tr	ucks, tractors, spo	ort utility vel	hicles, motorcycles		
□ No ☑ Yes					
3.1.		W	ho has an interest in the property?	Do not deduct secured clai	ims or exemptions. Put the
Make:	Honda		neck one.	amount of any secured cla	
Model:	Accord LX		Debtor 1 only	Creditors Who Have Claim  Current value of the	Current value of the
Year:	2003	_	Debtor 2 only Debtor 1 and Debtor 2 only	entire property?	portion you own?
Approximate mileag	ge: <b>204,705</b>	_ [	At least one of the debtors and another	\$1,500.00	\$1,500.00
Other information:		_			
2003 Honda Acc 204,705 miles)	ord LX (approx.		Check if this is community property (see instructions)		

Deb	tor 1 Lucia Carlo	ta Morrison	Case number (if known)	
4.			al vehicles, other vehicles, and accessories ssels, snowmobiles, motorcycle accessories	
	Yes			
5.		of the portion you own for all of your ent u have attached for Part 2. Write that nur		\$1,500.00
Pa	art 3: Describe	Your Personal and Household Ite	ems	
Doy	you own or have any I	legal or equitable interest in any of the fo	llowing items?	Current value of the portion you own? Do not deduct secured claims or exemptions.
6.	Household goods an Examples: Major appl	d furnishings liances, furniture, linens, china, kitchenware		
	☐ No ☑ Yes. Describe	See continuation page(s).		\$2,100.00
7.	•	s and radios; audio, video, stereo, and digit ections; electronic devices including cell ph	al equipment; computers, printers, scanners; ones, cameras, media players, games	I
	✓ No ☐ Yes. Describe			
8.	stamp, coi	and figurines; paintings, prints, or other artw in, or baseball card collections; other collect		
	✓ No ☐ Yes. Describe			
9.			oment; bicycles, pool tables, golf clubs, skis; nts	•
	✓ No ☐ Yes. Describe			
10.		les, shotguns, ammunition, and related equi	pment	ı
	✓ No ☐ Yes. Describe			
11.	:	clothes, furs, leather coats, designer wear,	shoes, accessories	•
	✓ Yes. Describe	Clothing and wearing apparel		\$250.00
12.	Jewelry Examples: Everyday j gold, silve		, wedding rings, heirloom jewelry, watches, gems,	
	☐ No ☑ Yes. Describe	Necklaces, rings, earrings, bracele	s	\$450.00

Deb	tor 1	Lucia Carlota Morrison		Case number (if known)	
13.		rm animals les: Dogs, cats, birds, horses			
	✓ No ☐ Yes	s. Describe			]
14.			items you did not already list, including an	y health aids you	J
					]
15.			ntries from Part 3, including any entries for		\$2,800.00
P	art 4:	Describe Your Finance	cial Assets		
Do	you own	or have any legal or equitab	le interest in any of the following?		Current value of the portion you own? Do not deduct secured claims or exemptions.
16.	Cash Example	les: Money you have in your w	allet, in your home, in a safe deposit box, and	d on hand when you file your	
	☐ No ✓ Yes			Cash:	\$23.00
17.	•	•	er financial accounts; certificates of deposit; s ner similar institutions. If you have multiple a		
	□ No ✓ Yes	S	Institution name:		
	17	7.1. Checking account:	Bank of America checking account_A	verage balance	\$125.00
	17	7.2. Other financial account:	Venmo (mobile payment service) Average balance		\$125.00
	17	.3. Other financial account:	Cash App (mobile payment service)		\$28.00
18.		mutual funds, or publicly tra les: Bond funds, investment a	aded stocks coounts with brokerage firms, money market	accounts	
	✓ No ☐ Yes	s Institution	or issuer name:		
19.	-	ıblicly traded stock and inter rest in an LLC, partnership, a	ests in incorporated and unincorporated b and joint venture	usinesses, including	
		s. Give specific			
		m Name of	entity:	% of ownership:	

Deb	tor 1 Lucia Carlota Mo	orrison	Case n	umber (if known)	
20.	Negotiable instruments incl	ude personal checks,	egotiable and non-negotiable instrumer cashiers' checks, promissory notes, and r transfer to someone by signing or deliver	money orders.	
	✓ No  Yes. Give specific information about them	Issuer name:			
21.	Retirement or pension acc Examples: Interests in IRA, profit-sharing pla	, ERISA, Keogh, 401(	k), 403(b), thrift savings accounts, or other	r pension or	
	✓ No  Yes. List each account separately.	Гуре of account:	Institution name:		
22.		posits you have made	e so that you may continue service or use ent, public utilities (electric, gas, water), tel		
	□ No				
	Yes	In	stitution name or individual:		
	Electric:	<u>U</u>	tilities deposit		\$150.00
23.	Annuities (A contract for a No	a specific periodic pay	ment of money to you, either for life or for	a number of years)	
	☐ Yes	Issuer name and des	scription:		
24.	Interests in an education I 26 U.S.C. §§ 530(b)(1), 529		a qualified ABLE program, or under a d	ηualified state tuition pr	ogram.
	✓ No ☐ Yes	Institution name and	description. Separately file the records of	f any interests. 11 U.S.C	. § 521(c)
25.	Trusts, equitable or future powers exercisable for yo		y (other than anything listed in line 1), a	nd rights or	
	<b>☑</b> No				7
	Yes. Give specific information about them				
26.	Examples: Internet domain		s, and other intellectual property; oceeds from royalties and licensing agreen	nents	
	<ul><li>No</li><li>Yes. Give specific information about them</li></ul>				]
27.	Licenses, franchises, and Examples: Building permits		gibles cooperative association holdings, liquor lic	censes, professional licer	nses
	✓ No  ✓ Yes. Give specific				]
	information about them				]
Mor	ey or property owed to you	u?			Current value of the portion you own?  Do not deduct secured claims or exemptions.
28.	Tax refunds owed to you				
	No			<del></del>	
	Yes. Give specific information about them, including w		ax Refund from federal refund 2020	due Federa	al: <b>\$4,200.00</b>
	you already filed the ret		Amt: \$4,200.00	State:	\$0.00
	and the tax years			Local:	\$0.00

Deb	totor 1 Lucia Carlota Morrison Case n	umber (if known)
29. Family support  Examples: Past due or lump sum alimony, spousal support, child support, maintenance		vorce settlement, property settlement
	<ul><li>✓ No</li><li>✓ Yes. Give specific information</li></ul>	Alimony:
		Maintenance:
		Support:
		Divorce settlement:
		Property settlement:
30.	Other amounts someone owes you  Examples: Unpaid wages, disability insurance payments, disability benefits, sick pay, vaca compensation, Social Security benefits; unpaid loans you made to someone else	·
	✓ No  ☐ Yes. Give specific information	
31.	Interests in insurance policies  Examples: Health, disability, or life insurance; health savings account (HSA); credit, homed  No  Yes. Name the insurance company of each policy and list its value	
32.	Any interest in property that is due you from someone who has died  If you are the beneficiary of a living trust, expect proceeds from a life insurance policy, or a entitled to receive property because someone has died  No  Yes. Give specific information	re currently
33.	Claims against third parties, whether or not you have filed a lawsuit or made a deman Examples: Accidents, employment disputes, insurance claims, or rights to sue	nd for payment
	✓ No ☐ Yes. Describe each claim	
34.	Other contingent and unliquidated claims of every nature, including counterclaims of rights to set off claims	the debtor and
	✓ No  Yes. Describe each claim	
35.	Any financial assets you did not already list	
	✓ No ☐ Yes. Give specific information	
36.	Add the dollar value of all of your entries from Part 4, including any entries for pages attached for Part 4. Write that number here	• • • • • • • • • • • • • • • • • • •
Pa	art 5: Describe Any Business-Related Property You Own or Have an In	nterest In. List any real estate in Part 1.
37.	Do you own or have any legal or equitable interest in any business-related property?	
	✓ No. Go to Part 6.  ☐ Yes. Go to line 38.	

Deb	tor 1	Lucia Carlota Morris	son Case number (if known)	
				Current value of the portion you own? Do not deduct secured claims or exemptions.
38.	Accoun	its receivable or comm	nissions you already earned	
	✓ No ☐ Yes	. Describe		
39.	Exampl	equipment, furnishings es: Business-related co desks, chairs, electr	imputers, software, modems, printers, copiers, fax machines, rugs, telephones	
	✓ No ☐ Yes	. Describe		
40.	Machin	ery, fixtures, equipmer	nt, supplies you use in business, and tools of your trade	
	✓ No ☐ Yes	. Describe		
41.	Invento	ry		
	✓ No ☐ Yes	. Describe		
42.	Interest	s in partnerships or jo	pint ventures	
	<b>☑</b> No			
		. Describe Name of	f entity: % of owners!	nip:
43.	Custom	ner lists, mailing lists, o	or other compilations	
	✓ No ☐ Yes	. Do your lists include No Yes. Describe	e personally identifiable information (as defined in 11 U.S.C. § 101(41A))?	
44.	Any bu	siness-related property	y you did not already list	
	✓ No ☐ Yes	. Give specific informat	tion.	
45.			rour entries from Part 5, including any entries for pages you have t number here	. → \$0.00
Pa			n- and Commercial Fishing-Related Property You Own or Ha In interest in farmland, list it in Part 1.	ve an Interest In.
46.	Do you	own or have any legal	or equitable interest in any farm- or commercial fishing-related property?	
		Go to Part 7.  Go to line 47.		

Official Form 106A/B Schedule A/B: Property page 6

Deb	tor 1	Lucia Carlota Morri	son	Case number (if known)	
					Current value of the portion you own? Do not deduct secured claims or exemptions.
47.	Farm a	<b>nimals</b> es: Livestock, poultry, fa	arm-raised fish		
	✓ No				_
	Yes				
48.	Crops	either growing or harv	rested		J
	<b>√</b> No				
	Yes	. Give specific			
49.			implements, machinery, fixtures,	and tools of trade	J
	✓ No	ia noimig oquipmoni,	,		
	Yes				]
	_				
50.	Farm a	nd fishing supplies, ch	emicals, and feed		
	<b>☑</b> No				٦
	Yes				
51.	Any far	m- and commercial fis	hing-related property you did not	already list	_
	<b>☑</b> No				_
		. Give specific rmation			
52.			our entries from Part 6, including		_
				<b>→</b>	\$0.00
Pa	art 7:	Describe All Prope	erty You Own or Have an In	terest in That You Did Not List Above	
53.		have other property of es: Season tickets, cou	f any kind you did not already list ntry club membership	?	
	<b>☑</b> No				
	☐ Yes	. Give specific informat	tion.		
54.	Add the	dollar value of all of y	our entries from Part 7. Write th	at number here	\$0.00

Debtor 1	Lucia Carlota Morrison	Case no	umber (if known)			
Part 8:	List the Totals of Each Part of this Form					
55. Part 1	: Total real estate, line 2			<b>→</b> _		\$0.00
56. Part 2	: Total vehicles, line 5	\$1,500.00				
57. Part 3	: Total personal and household items, line 15	\$2,800.00				
58. Part 4	: Total financial assets, line 36	\$4,651.00				
59. Part 5	: Total business-related property, line 45	\$0.00				
60. Part 6	: Total farm- and fishing-related property, line 52	\$0.00				
61. Part 7	: Total other property not listed, line 54	+\$0.00				
62. Total	personal property. Add lines 56 through 61	\$8,951.00	Copy personal property total	+-	\$8	3,951.00
63. Total	of all property on Schedule A/B. Add line 55 + line 62.				\$8	3,951.00

Del	Lucia Carlota Morrison	Case number (if known)	
6.	Household goods and furnishings (details):		
	1 Sofa(s)		\$50.00
	1 Loveseat(s)	_	\$25.00
	Flat screen TV_Livingroom	_	\$100.00
	2 small flat screen Tvs (kids rooms)	_	\$50.00
	1 DVD Player	_	\$5.00
	Personal Computer	<del>-</del>	\$50.00
	Coffee Table	<u> </u>	\$10.00
	End Tables	_	\$10.00
	Kitchane Table	_	\$50.00
	Refrigerator	_	\$50.00
	Microwave	_	\$20.00
	Washing Machine	_	\$100.00
	Clothes Dryer	_	\$100.00
	Dishes and Flatware	_	\$50.00
	Pots_Pans_Cookware	_	\$75.00
	Beds	_	\$500.00
	Dressers and Nightstands	_	\$150.00
	Lamps, miscellaneous household furnishings	_	\$250.00
	Cell phones	_	\$100.00
	Yard and Landscaping tools	_	\$50.00
	Tennis racquets	_	\$5.00
	Treadmill, desks, sleeping bag	_	\$250.00
	Miscellaneous Kitchen accessories	_	\$50.00

Fill in this inf	ormation to i	dentify your	case:				
Debtor 1	Lucia	Carlota	Morrisor	า			
	First Name	Middle Name					
Debtor 2 (Spouse, if filing)	First Name	Middle Name	e Last Name				
1		r the: <b>NORTHE</b>	RN DISTRICT OF	GEO	RGIA	Charle if this is an	
Case number (if known)						Check if this is an amended filing	
Official Form	106C						
Schedule C:	The Prope	erty You Cl	aim as Exem <sub>l</sub>	pt			04/19
Using the property	you listed on <i>Scl</i> Il out and attach	<i>hedule A/B: Prop</i> to this page as m	erty (Official Form 10	6A/B	) as your source, list th	esponsible for supplying correct inform e property that you claim as exempt. I ssary. On the top of any additional pa	If more
is to state a specific exempted up to the receive certain be exemption of 100°	fic dollar amoun e amount of any nefits, and tax-e % of fair market	nt as exempt. Al (applicable state exempt retirement value under a la	ternatively, you may tutory limit. Some e nt fundsmay be un w that limits the exe	/ clai xemp limite empti	m the full fair market otionssuch as those ed in dollar amount. I	you claim. One way of doing so value of the property being for health aids, rights to dowever, if you claim an ar amount and the value of the le statutory amount.	
Part 1: Ide	ntify the Prop	perty You Cla	aim as Exempt				
1. Which set of	exemptions are	you claiming?	Check one only,	even	if your spouse is filing	with you.	
ــنا	-		kruptcy exemptions. J.S.C. § 522(b)(2)	11 U	.S.C. § 522(b)(3)		
2. For any prop	ertv vou list on :	Schedule A/B th	nat vou claim as exe	mpt.	fill in the information	below.	
Brief description of Schedule A/B that	of the property a	and line on	Current value of the portion you	Am	ount of the emption you claim	Specific laws that allow exemptio	n
			own Copy the value from Schedule A/B		eck only one box for th exemption		
Brief description:			\$1,500.00		\$1,500.00	O.C.G.A. § 44-13-100(a)(3)	
2003 Honda Acc	ord LX (appro	x. 204,705	\$1,500.00		100% of fair market	O.C.G.A. § 44-13-100(a)(3)	
miles) Line from <i>Schedule</i>	e A/B: <b>3.1</b>				value, up to any applicable statutory limit		
Brief description:			\$50.00	$\overline{\mathbf{Q}}$	\$50.00	O.C.G.A. § 44-13-100(a)(4)	
1 Sofa(s) Line from Schedule	e A/B: <b>6</b>				100% of fair market value, up to any applicable statutory		
•	-	•	more than \$170,350 years after that for cas		limit	of adjustment.)	

Lucia Cariota Morrison			Case number	r (if known)
Part 2: Additional Page				
Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own		ount of the mption you claim	Specific laws that allow exemption
	Copy the value from Schedule A/B		eck only one box for h exemption	
Brief description: 1 Loveseat(s)	\$25.00	. <b>☑</b>	\$25.00 100% of fair market	O.C.G.A. § 44-13-100(a)(4)
Line from Schedule A/B:6			value, up to any applicable statutory limit	
Brief description: Flat screen TV_Livingroom	\$100.00		\$100.00 100% of fair market	O.C.G.A. § 44-13-100(a)(4)
Line from Schedule A/B:6			value, up to any applicable statutory limit	
Brief description: 2 small flat screen Tvs (kids rooms)	\$50.00		\$50.00 100% of fair market	O.C.G.A. § 44-13-100(a)(4)
Line from Schedule A/B:6			value, up to any applicable statutory limit	
Brief description: 1 DVD Player	\$5.00		\$5.00 100% of fair market	O.C.G.A. § 44-13-100(a)(4)
Line from Schedule A/B:6			value, up to any applicable statutory limit	
Brief description: Personal Computer	\$50.00		\$50.00 100% of fair market	O.C.G.A. § 44-13-100(a)(4)
Line from Schedule A/B:6			value, up to any applicable statutory limit	
Brief description: Coffee Table	\$10.00		\$10.00 100% of fair market	O.C.G.A. § 44-13-100(a)(4)
Line from Schedule A/B:6			value, up to any applicable statutory limit	
Brief description: End Tables	\$10.00		\$10.00 100% of fair market	O.C.G.A. § 44-13-100(a)(4)
Line from Schedule A/B:6			value, up to any applicable statutory limit	
Brief description: <b>Kitchane Table</b>	\$50.00	. <u>Ø</u>	\$50.00 100% of fair market	O.C.G.A. § 44-13-100(a)(4)
Line from Schedule A/B:6			value, up to any applicable statutory limit	
Brief description: Refrigerator	\$50.00		\$50.00 100% of fair market	O.C.G.A. § 44-13-100(a)(4)
Line from Schedule A/B:6			value, up to any applicable statutory limit	

Lucia Cariota Morrison			Case numbe	r (if known)
Part 2: Additional Page				
Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own		ount of the emption you claim	Specific laws that allow exemption
	Copy the value from Schedule A/B		eck only one box for th exemption	
Brief description: <b>Microwave</b>	\$20.00		\$20.00 100% of fair market	O.C.G.A. § 44-13-100(a)(4)
Line from Schedule A/B:6			value, up to any applicable statutory limit	
Brief description: Washing Machine	\$100.00		\$100.00 100% of fair market	O.C.G.A. § 44-13-100(a)(4)
Line from Schedule A/B:6			value, up to any applicable statutory limit	
Brief description: Clothes Dryer	\$100.00		\$100.00 100% of fair market	O.C.G.A. § 44-13-100(a)(4)
Line from Schedule A/B:6			value, up to any applicable statutory limit	
Brief description: Dishes and Flatware	\$50.00		\$50.00 100% of fair market	O.C.G.A. § 44-13-100(a)(4)
Line from Schedule A/B:6			value, up to any applicable statutory limit	
Brief description: Pots_Pans_Cookware	\$75.00		<b>\$75.00</b> 100% of fair market	O.C.G.A. § 44-13-100(a)(4)
Line from Schedule A/B:6		_	value, up to any applicable statutory limit	
Brief description:  Beds	\$500.00		\$500.00 100% of fair market	O.C.G.A. § 44-13-100(a)(4)
Line from Schedule A/B:6			value, up to any applicable statutory limit	
Brief description: Dressers and Nightstands	\$150.00		\$150.00 100% of fair market	O.C.G.A. § 44-13-100(a)(4)
Line from Schedule A/B:6		_	value, up to any applicable statutory limit	
Brief description: Lamps, miscellaneous household	\$250.00	. <b>☑</b>	\$250.00 100% of fair market	O.C.G.A. § 44-13-100(a)(4)
furnishings Line from <i>Schedule A/B</i> : <b>6</b>		_	value, up to any applicable statutory limit	
Brief description: Cell phones	\$100.00		\$100.00 100% of fair market	O.C.G.A. § 44-13-100(a)(4)
Line from Schedule A/B:6			value, up to any applicable statutory limit	

Debtor 1	Lucia Carlota Morrison			Case number	r (if known)
Part 2:	Additional Page				
	ription of the property and line on A/B that lists this property	Current value of the portion you own		ount of the mption you claim	Specific laws that allow exemption
		Copy the value from Schedule A/B		eck only one box for h exemption	
	iption: <b>Landscaping tools</b> Schedule A/B: 6	\$50.00		\$50.00 100% of fair market value, up to any applicable statutory limit	O.C.G.A. § 44-13-100(a)(4)
Brief descri Tennis ra Line from S	•	\$5.00		\$20.00 100% of fair market value, up to any applicable statutory limit	O.C.G.A. § 44-13-100(a)(4)
	iption: , <b>desks, sleeping bag</b> Schedule A/B: 6	\$250.00		\$250.00 100% of fair market value, up to any applicable statutory limit	O.C.G.A. § 44-13-100(a)(4)
	iption: leous Kitchen accessories Schedule A/B: 6	\$50.00		\$50.00 100% of fair market value, up to any applicable statutory limit	O.C.G.A. § 44-13-100(a)(4)
	iption: and wearing apparel Schedule A/B: 11	\$250.00		\$250.00 100% of fair market value, up to any applicable statutory limit	O.C.G.A. § 44-13-100(a)(4)
	iption: s, rings, earrings, bracelets Schedule A/B:12	\$450.00	<b>☑</b>	\$450.00 100% of fair market value, up to any applicable statutory limit	O.C.G.A. § 44-13-100(a)(5)
Brief descri Cash on I Line from S	•	\$23.00		\$23.00 100% of fair market value, up to any applicable statutory limit	O.C.G.A. § 44-13-100(a)(6)
account_	iption: America checking Average balance Schedule A/B: 17.1	\$125.00		\$125.00 100% of fair market value, up to any applicable statutory limit	O.C.G.A. § 44-13-100(a)(6)
Average I	nobile payment service)	\$125.00		\$125.00 100% of fair market value, up to any applicable statutory limit	O.C.G.A. § 44-13-100(a)(6)

Debtor 1	Lucia Carlota Morrison	Case number (if known)					
Part 2:	Additional Page						
	iption of the property and line on A/B that lists this property	Current value of the portion you own		ount of the mption you claim	Specific laws that allow exemption		
		Copy the value from Schedule A/B		eck only one box for h exemption			
• •	ption: (mobile payment service) chedule A/B: 17.3	\$28.00		\$28.00 100% of fair market value, up to any applicable statutory limit	O.C.G.A. § 44-13-100(a)(6)		
Brief descrip Utilities de	•	\$150.00		\$150.00 100% of fair market value, up to any applicable statutory limit	O.C.G.A. § 44-13-100(a)(6)		
3/31/2021	ption: nd from federal refund 2020 due chedule A/B:28	\$4,200.00		\$4,200.00 100% of fair market value, up to any applicable statutory limit	O.C.G.A. § 44-13-100(a)(6)		

	omination to id	lentify your case	:			
Debtor 1	Lucia	Carlota	Morrison			
	First Name	Middle Name	Last Name			
Debtor 2 (Spouse, if filing)	First Name	Middle Name	Last Name			
United States Bar	nkruptcy Court for	the: NORTHERN C	DISTRICT OF GEOR	RGIA		
Case number					☐ Check if this is	s an
(if known)					amended filing	
Official Form	106D					
Schedule D:	Creditors \	Who Have Cla	ims Secured	by Property		12/1
correct informatio On the top of any  1. Do any credit	n. If more space additional pages ors have claims	is needed, copy the , write your name an secured by your pro	Additional Page, fill nd case number (if kn perty?	ogether, both are equal it out, number the entrinown).	ies, and attach it to thi	s form.
<u> </u>	in all of the inform		your man your outer o			
Part 1: Lis	t All Secured	Claims				
claim, list the creditor has a	creditor separately particular claim, li ible, list the claims	editor has more than y for each claim. If mo ist the other creditors s in alphabetical order	ore than one in Part 2. As	Column A  Amount of claim  Do not deduct the value of collateral	Column B Value of collateral that supports this claim	Column C Unsecured portion If any
2.1		Describe the secures the	e property that claim:			
Creditor's name						
Number Street		<del></del>				
Number Street						
City	State ZIP Code	Continge	ent ated	is: Check all that apply.		
Dity		Continge Unliquida Disputed Nature of lie	ent ated I n. Check all that app	ly.	Lors Joon)	
City  Who owes the del  □ Debtor 1 only □ Debtor 2 only	ot? Check one.	Continge Unliquida Disputed Nature of lie	ent ated I n. Check all that app	ly. as mortgage or secured	l car loan)	
City  Who owes the delay  Debtor 1 only  Debtor 2 only  Debtor 1 and D	ot? Check one.	Continge Unliquida Disputed Nature of lie An agree Statutory Judgmer	ent ated I en. Check all that app ement you made (such v lien (such as tax lien, nt lien from a lawsuit	lly. as mortgage or secured , mechanic's lien)	l car loan)	
City  Who owes the delay  Debtor 1 only  Debtor 2 only  Debtor 1 and D	ot? Check one.  Debtor 2 only the debtors and a	Continge Unliquida Disputed Nature of lie An agree Statutory Judgmer	ent ated I en. Check all that app ement you made (such v lien (such as tax lien,	lly. as mortgage or secured , mechanic's lien)	l car loan)	

Official Form 106D

all pages. Write that number here:

If this is the last page of your form, add the dollar value totals from

\$0.00

Fill in this inf	ormation to i	dentify your c	ase:			
Debtor 1	Lucia	Carlota	Morrison	7		
Dobioi 1	First Name	Middle Name	Last Name	-		
Debtor 2						
(Spouse, if filing)	First Name	Middle Name	Last Name	-		
United States Ba	nkruptcy Court fo	or the: <b>NORTHER</b>	N DISTRICT OF GEORGIA	_		
Case number				_		
(if known)					Check if this is amended filing	
Official Form	106E/F					
Schedule E/	F: Credito	rs Who Have	Unsecured Claims			12/1
If more space is not to this page. On t	needed, copy the the top of any ac	e Part you need, fi Iditional pages, w	claims that are listed in Schedur, II it out, number the entries in the rite your name and case number secured Claims	e boxes on the left. A		
1. Do any credi	tors have priorit	y unsecured clain	ns against you?			
No. Go t	to Part 2.	•				
☐ Yes.						
claim. For ea show both pric more space is claim, list the	ch claim listed, ic ority and nonprio s needed for prior other creditors in	dentify what type of rity amounts. As m rity unsecured clain n Part 3.	creditor has more than one priority claim it is. If a claim has both priority uch as possible, list the claims in ans, fill out the Continuation Page of this instructions for this form in the instructions for this form in the instructions.	ority and nonpriority an alphabetical order acc f Part 1. If more than	nounts, list that classording to the cred	aim here and itor's name. If
					amount	amount
2.1					_	
Priority Creditor's Nam	ne.		Last 4 digits of account number	r		
			When was the debt incurred?		_	
Number Street						
			As of the date you file, the clain	n is: Check all that ap	pply.	
			Contingent Unliquidated			
City	State	ZIP Code	Disputed			
ભાષ્ Who incurred the			Type of PRIORITY unsecured c	laim·		
Debtor 1 only			Domestic support obligations			
Debtor 2 only			Taxes and certain other debts		ment	
Debtor 1 and [	•		Claims for death or personal			
ш	the debtors and		intoxicated			
	claim is for a co	mmunity debt	Other. Specify			
Is the claim subje	ct to offset?					
□ No □ Yes						

Debtor 1 Lucia Carlota Morrison	Case number (if known)
Part 2: List All of Your NONPRIO	RITY Unsecured Claims
Do any creditors have nonpriority unsec	ured claims against you?
	part. Submit this form to the court with your other schedules.
If a creditor has more than one nonpriority type of claim it is. Do not list claims already	nims in the alphabetical order of the creditor who holds each claim.  unsecured claim, list the creditor separately for each claim. For each claim listed, identify what y included in Part 1. If more than one creditor holds a particular claim, list the other creditors in ority unsecured claims, fill out the Continuation Page of Part 2.  Total claim
4.1	\$10,463.67
AMERICAN EXPRESS	Last 4 digits of account number 5 3 4 6
Nonpriority Creditor's Name P.O. BOX 981537	When was the debt incurred? 12/2015
Number Street	As of the date you file, the claim is: Check all that apply.
	Contingent
	Unliquidated Disputed
EL PASO TX 79998	
City State ZIP Code Who incurred the debt? Check one.	Type of NONPRIORITY unsecured claim:
Who incurred the debt? Check one.  Debtor 1 only	Student loans
Debtor 2 only	Obligations arising out of a separation agreement or divorce
Debtor 1 and Debtor 2 only	that you did not report as priority claims  Debts to pension or profit-sharing plans, and other similar debts
At least one of the debtors and another	Other. Specify
☐ Check if this claim is for a community del	
Is the claim subject to offset?	
No No	
Yes	
4.2	\$14,285.00
CHASE CARD SERVICES	Last 4 digits of account number 9 7 5 7
Nonpriority Creditor's Name	When was the debt incurred? 9/2001
Number Street	As of the date you file, the claim is: Check all that apply.
P.O. BOX 15298	Contingent
	Unliquidated
WILMINGTON DE 19850	Disputed
City State ZIP Code	Type of NONPRIORITY unsecured claim:
Who incurred the debt? Check one.	☐ Student loans
Debtor 1 only	Obligations arising out of a separation agreement or divorce
Debtor 2 only Debtor 1 and Debtor 2 only	that you did not report as priority claims
At least one of the debtors and another	Debts to pension or profit-sharing plans, and other similar debts
Check if this claim is for a community del	Other. Specify  Credit Card
Is the claim subject to offset?	Orealt Calu
No No	
Yes	

Debtor 1 Lucia Carlota Morrison	Case number (if known)	
Part 2: Your NONPRIORITY Unse	cured Claims Continuation Page	
After listing any entries on this page, number previous page.	them sequentially from the	Total claim
4.3		\$2,250.00
DEPT OF EDUCATION_NAVIENT	Last 4 digits of account number 0 7 2 0	
Nonpriority Creditor's Name 123 JUSTISON STREET 3RD FLOOR	When was the debt incurred? 9/7/2020	
Number Street	As of the date you file, the claim is: Check all that apply.	
WILMINGTON DE 19801	Disputed	
City State ZIP Code	Type of NONPRIORITY unsecured claim:	
Who incurred the debt? Check one.  Debtor 1 only	✓ Student loans	
Debtor 2 only	<ul> <li>Obligations arising out of a separation agreement or divorce that you did not report as priority claims</li> </ul>	
Debtor 1 and Debtor 2 only  At least one of the debtors and another	Debts to pension or profit-sharing plans, and other similar debts	
Check if this claim is for a community deb	Other. Specify	
Is the claim subject to offset?		
✓ No  Yes		
4.4		\$3,500.00
Nonpriority Creditor's Name	Last 4 digits of account number 1 2 2 0  When was the debt incurred? 3/12/2020	
123 JUSTISON STREET 3RD FLOOR Number Street	When was the debt incurred? 3/12/2020  As of the date you file, the claim is: Check all that apply.	
Number Street	Contingent	
	Unliquidated Disputed	
WILMINGTON DE 19801		
City State ZIP Code Who incurred the debt? Check one.	Type of NONPRIORITY unsecured claim:	
Debtor 1 only	<ul> <li>✓ Student loans</li> <li>✓ Obligations arising out of a separation agreement or divorce</li> </ul>	
Debtor 2 only Debtor 1 and Debtor 2 only	that you did not report as priority claims	
At least one of the debtors and another	☐ Debts to pension or profit-sharing plans, and other similar debts ☐ Other. Specify	
☐ Check if this claim is for a community deb		
Is the claim subject to offset?		
☑ No □ Yes		
A.5	Look A divite of account number. A. A. O. C.	\$3,063.94
DISCOVER FINANCIAL SERVICE, LLC Nonpriority Creditor's Name	Last 4 digits of account number 4 1 8 6  When was the debt incurred? 7/2016	
P.O. BOX 15316  Number Street	As of the date you file, the claim is: Check all that apply.	
	Contingent	
	Unliquidated Disputed	
WILMINGTON DE 19850-531 City State ZIP Code	<u>6</u>	
Who incurred the debt? Check one.	Type of NONPRIORITY unsecured claim:  Student loans	
Debtor 1 only Debtor 2 only	Obligations arising out of a separation agreement or divorce	
Debtor 2 only  Debtor 1 and Debtor 2 only	that you did not report as priority claims  Debts to pension or profit-sharing plans, and other similar debts	
At least one of the debtors and another	Other. Specify	
Check if this claim is for a community deb		
Is the claim subject to offset?  No		
Yes		

Debtor 1 <u>Lucia Carlota Morrison</u>	Case number (if known)	
Part 2: Your NONPRIORITY Unse	ecured Claims Continuation Page	
After listing any entries on this page, number them sequentially from the previous page.		Total claim
4.6		\$21,032.00
JPMCB CARD SERVICES	Last 4 digits of account number 0 7 2 9	
Nonpriority Creditor's Name P.O. BOX 15369	When was the debt incurred? 9/2001	
Number Street	As of the date you file, the claim is: Check all that apply.	
	Contingent	
	Unliquidated Disputed	
WILMINGTON DE 19850 City State ZIP Code	<u> </u>	
Who incurred the debt? Check one.	Type of NONPRIORITY unsecured claim:  Student loans	
Debtor 1 only	☐ Student loans ☐ Obligations arising out of a separation agreement or divorce	
Debtor 2 only Debtor 1 and Debtor 2 only	that you did not report as priority claims	
At least one of the debtors and another	Debts to pension or profit-sharing plans, and other similar debts	
Check if this claim is for a community del	✓ Other. Specify  Credit Card	
Is the claim subject to offset?		
No You		
Yes		
4.7		\$2,463.26
KOHL'S_CAPITAL ONE	Last 4 digits of account number 1 5 5 0	
Nonpriority Creditor's Name P.O. BOX 3115	When was the debt incurred? 4/2005	
Number Street	As of the date you file, the claim is: Check all that apply.	
	Contingent	
	Unliquidated Disputed	
MILWAUKEE         WI         53201           City         State         ZIP Code		
Who incurred the debt? Check one.	Type of NONPRIORITY unsecured claim:	
Debtor 1 only	☐ Student loans ☐ Obligations arising out of a separation agreement or divorce	
Debtor 2 only Debtor 1 and Debtor 2 only	that you did not report as priority claims	
At least one of the debtors and another	☐ Debts to pension or profit-sharing plans, and other similar debts ☐ Other. Specify	
Check if this claim is for a community del		
Is the claim subject to offset?		
☑ No		
Yes		
4.8		\$120.00
LISA D. MILLER, MD PEDIATRICS P.C.	Last 4 digits of account number 7 8 9 7	
Nonpriority Creditor's Name 4152 BAKER STREET NE	When was the debt incurred? 2/4/2019	
Number Street	As of the date you file, the claim is: Check all that apply.	
	Contingent	
	Unliquidated Disputed	
COVINGTON GA 33014 City State ZIP Code		
Who incurred the debt? Check one.	Type of NONPRIORITY unsecured claim:  ☐ Student loans	
Debtor 1 only	Obligations arising out of a separation agreement or divorce	
Debtor 2 only Debtor 1 and Debtor 2 only	that you did not report as priority claims	
At least one of the debtors and another	Debts to pension or profit-sharing plans, and other similar debts	
Check if this claim is for a community del	Other. Specify  Medical Bills	
Is the claim subject to offset?		
<b>☑</b> No		
Yes		

Debtor 1 Lucia Carlota Morrison	Case number (if known)	
Part 2: Your NONPRIORITY Unsecu	red Claims Continuation Page	
After listing any entries on this page, number the previous page.	m sequentially from the	Total claim
4.9		\$139.24
LISA D. MILLER, MD PEDIATRICS P.C.	_ Last 4 digits of account number _5_ 2_ 0_ 4_	
Nonpriority Creditor's Name 4152 BAKER STREET NE	When was the debt incurred? 2/2019	
Number Street	As of the date you file, the claim is: Check all that apply.	
COVINGTON GA 30014	Disputed	
City State ZIP Code	Type of NONPRIORITY unsecured claim:	
Who incurred the debt? Check one.	Student loans	
Debtor 1 only  Debtor 2 only	Obligations arising out of a separation agreement or divorce	
Debtor 1 and Debtor 2 only	that you did not report as priority claims  Debts to pension or profit-sharing plans, and other similar debts	
At least one of the debtors and another	☑ Other. Specify	
Check if this claim is for a community debt	Medical Bills	
Is the claim subject to offset?  No		
Yes		
4.10		4=
NEWTON FEDERAL BANK	Last 4 digits of account number	\$500.00
Nonpriority Creditor's Name	When was the debt incurred?	
3175 U.S. 278 Number Street	As of the date you file, the claim is: Check all that apply.	
	_ ☐ Contingent	
	Unliquidated	
COVINGTON GA 30014	─	
City State ZIP Code Who incurred the debt? Check one.	Type of NONPRIORITY unsecured claim:	
Debtor 1 only	☐ Student loans ☐ Obligations arising out of a separation agreement or divorce	
Debtor 2 only	that you did not report as priority claims	
Debtor 1 and Debtor 2 only  At least one of the debtors and another	Debts to pension or profit-sharing plans, and other similar debts	
☐ Check if this claim is for a community debt	✓ Other. Specify Other	
Is the claim subject to offset?		
☑ No		
Yes		
4.11		\$762.00
PIEDMONT NEWTON HOSPITAL	Last 4 digits of account number	
Nonpriority Creditor's Name 5126 HOSPITAL DRIVE	When was the debt incurred? 7/2/2015	
Number Street	As of the date you file, the claim is: Check all that apply.	
-	☐ Contingent ☐ Unliquidated ☐ Unliquidated ☐ Contingent	
	Disputed	
COVINGTON         GA         30014           City         State         ZIP Code	Type of NONPRIORITY unsecured claim:	
Who incurred the debt? Check one.	Student loans	
Debtor 1 only Debtor 2 only	Obligations arising out of a separation agreement or divorce	
Debtor 2 only  Debtor 1 and Debtor 2 only	that you did not report as priority claims	
At least one of the debtors and another	☐ Debts to pension or profit-sharing plans, and other similar debts ☐ Other. Specify	
☐ Check if this claim is for a community debt	Medical Bills	
Is the claim subject to offset?		
✓ No Yes		

Debtor 1 Lucia Carlota Morrison	Case number (if known)	
Part 2: Your NONPRIORITY Unsecur	red Claims Continuation Page	
After listing any entries on this page, number the previous page.	m sequentially from the	Total claim
4.12		\$5,991.97
SUMMIT RIDGE HOSPITAL	Last 4 digits of account number 0 0 1 2	Ψο,σοτίστ
Nonpriority Creditor's Name GEORGIA BUSINESS CENTER	When was the debt incurred? 4/7/2020	
Number Street 1 DUNWOODY PARK	As of the date you file, the claim is: Check all that apply.	
SUITE 230	_	
DUNWOODY GA 30338-7404	Disputed	
City State ZIP Code  Who incurred the debt? Check one.  ✓ Debtor 1 only	Type of NONPRIORITY unsecured claim:  Student loans Obligations arising out of a separation agreement or divorce	
☐ Debtor 2 only ☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another ☐ Check if this claim is for a community debt	that you did not report as priority claims  ☐ Debts to pension or profit-sharing plans, and other similar debts ☐ Other. Specify  Medical Bills	
Is the claim subject to offset?  No Yes	MEUICAI DIIIS	
4.13		\$3,355.00
SYNCHRONY BANK Nonpriority Creditor's Name	_ Last 4 digits of account number _0 _9 _3 _1	
P.O. BÓX 965064	When was the debt incurred? 2017  As of the date you file, the claim is: Check all that apply.	
Number Street	_ ☐ Contingent ☐ Unliquidated	
ORLANDO FL 32896	Disputed	
City State ZIP Code	Type of NONPRIORITY unsecured claim:	
Who incurred the debt? Check one.  Debtor 1 only	☐ Student loans ☐ Obligations arising out of a separation agreement or divorce	
Debtor 2 only	that you did not report as priority claims	
Debtor 1 and Debtor 2 only  At least one of the debtors and another	Debts to pension or profit-sharing plans, and other similar debts	
Check if this claim is for a community debt	✓ Other. Specify  Credit Card	
Is the claim subject to offset?		
✓ No Yes		
4.14		\$259.84
VERIZON WIRELESS	Last 4 digits of account number 9 6 7 0	
Nonpriority Creditor's Name P.O. BOX 650051	When was the debt incurred? 8/2018	
Number Street	As of the date you file, the claim is: Check all that apply.	
	_	
DALLAS TX 75265	Disputed	
City State ZIP Code	Type of NONPRIORITY unsecured claim:	
Who incurred the debt? Check one.  Debtor 1 only	☐ Student loans	
Debtor 2 only	Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
Debtor 1 and Debtor 2 only	Debts to pension or profit-sharing plans, and other similar debts	
At least one of the debtors and another	Other. Specify	
Check if this claim is for a community debt	Open Account	
Is the claim subject to offset?  No  No		
Yes		

Debtor 1	Lucia Carlot	a Morri	son		Cas	e number (if known)
Part 3:	List Other	s to Be	Notified Abo	out a Debt That You Alrea	dy Li	isted
For ex credite debts	cample, if a collo or in Parts 1 or that you listed	ection ag 2, then li in Parts	gency is trying to ist the collection	collect from you for a debt you agency here. Similarly, if you ditional creditors here. If you	u owe	ebt that you already listed in Parts 1 or 2.  to someone else, list the original more than one creditor for any of the thave additional parties to be notified for
AMERICA	N EXPRESS			On which entry in Part 1 or	r Part	2 did you list the original creditor?
Name	PONDENCE E	ANKRI	IPTCV			Part 1: Creditors with Priority Unsecured Claims
Number P.O. BOX	Street	AITING	,, , , , , , , , , , , , , , , , , , ,		<i>y.</i>	•
				Last 4 digits of account nu	mber	
EL PASO City		TX State	<b>79998</b> ZIP Code	_		
	PORTFOLIO	SERVIC	ES	On which entry in Part 1 or	r Part	2 did you list the original creditor?
Name 500 SUMN	MIT LAKE DRI	VE		Line <b>4.13</b> of (Check one	): <b>_</b>	Part 1: Creditors with Priority Unsecured Claims
Number SUITE 400	Street			·	·	Part 2: Creditors with Nonpriority Unsecured Claims
				— Last 4 digits of account nu	mber	
VALHALL	.A	NY	10595			
City COLLECT	ING FOR SYN	State ICHRON	ZIP Code NY BANK			
CHASE C	ARD SERVICE	S		On which entry in Part 1 o	r Part	2 did you list the original creditor?
Name P.O. BOX	6294			— Line <b>4.2</b> of (Check one	): <b>_</b>	Part 1: Creditors with Priority Unsecured Claims
Number	Street			<u> </u>		Part 2: Creditors with Nonpriority Unsecured Claims
				— Last 4 digits of account nu	mber	
CAROL S	TREAM	IL State	<b>60197</b> ZIP Code	_		
	& WINTER, L	LC		On which entry in Part 1 o	r Part	2 did you list the original creditor?
Name 1355 ROS	WELL ROAD	SUITE 2	240	Line 4.5 of (Check one	): <b>_</b>	Part 1: Creditors with Priority Unsecured Claims
Number	Street					Part 2: Creditors with Nonpriority Unsecured Claims
				— Last 4 digits of account nu	mber	
MARIETT.	Α	GA State	<b>30062</b> ZIP Code	_		
•	ING FOR DIS		FINANCIAL SE	RVICES LLC		
CREDIT C	CONTROL, LLC			On which entry in Part 1 o	r Part	2 did you list the original creditor?
Name P.O. Box	187			Line <b>4.14</b> of (Check one	e): <b>–</b>	Part 1: Creditors with Priority Unsecured Claims
Number	Street				_	Part 2: Creditors with Nonpriority Unsecured Claims
				— Last 4 digits of account nu	mber	
Hazelwoo City	od	MO State	<b>63042</b> ZIP Code	<u> </u>		

Debtor 1 Lucia	Carlota Morr	son	Case number (if known)
Part 3: List	Others to B	e Notified Abou	ut a Debt That You Already Listed Continuation Page
CREDIT CONTRONAME 5757 PHANTOM			On which entry in Part 1 or Part 2 did you list the original creditor?  Line 4.14 of (Check one): Part 1: Creditors with Priority Unsecured Claims
SUITE 330			Part 2: Creditors with Nonpriority Unsecured Claims
HAZELWOOD City COLLECTING FO	MO State OR VERIZON V	63042 ZIP Code VIRELESS	— Last 4 digits of account number <u>1 6 8 1</u> —
DARNEL QUICK	RECOVERY		On which entry in Part 1 or Part 2 did you list the original creditor?
Name P.O. BOX 2416 Number Street 4134 HWY 278			Line 4.11 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims ☐ Part 2: Creditors with Nonpriority Unsecured Claims
COVINGTON City	GA State	<b>30015</b> ZIP Code	— Last 4 digits of account number
COLLECTING FO			PITAL
DEPT OF EDUCA	ATION_NAVIE	NT	On which entry in Part 1 or Part 2 did you list the original creditor?
P.O. BOX 9635  Number Street			Line 4.4 of (Check one): □ Part 1: Creditors with Priority Unsecured Claims □ Part 2: Creditors with Nonpriority Unsecured Claims
WILKES BARRE City	PA State	<b>18773</b> ZIP Code	— Last 4 digits of account number
DEPT OF EDUCA	ATION_NAVIE	NT	On which entry in Part 1 or Part 2 did you list the original creditor?
P.O. BOX 9635  Number Street			Line 4.3 of (Check one): □ Part 1: Creditors with Priority Unsecured Claims □ Part 2: Creditors with Nonpriority Unsecured Claims
WILKES BARRE City	PA State	<b>18773</b> ZIP Code	— Last 4 digits of account number
DISCOVER FINA	NCIAL SERVI	CE, LLC	On which entry in Part 1 or Part 2 did you list the original creditor?
P.O. BOX 3025  Number Street			Line 4.5 of (Check one): □ Part 1: Creditors with Priority Unsecured Claims □ Part 2: Creditors with Nonpriority Unsecured Claims
NEW ALBANY City	OH State	<b>43054</b> ZIP Code	— Last 4 digits of account number
FROST-ARNETT	COMPANY		On which entry in Part 1 or Part 2 did you list the original creditor?
Name P.O. BOX 198988 Number Street			Line 4.12 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims ☐ Part 2: Creditors with Nonpriority Unsecured Claims
NASHVILLE City	TN State	<b>37219-8988</b> ZIP Code	Last 4 digits of account number 6 4 8 1
COLLECTING FO			

Debtor 1 Lucia Car	lota Morr	ison				Case	e number (if known)
Part 3: List Oth	ners to B	e Notified Abo	ut a Del	bt That	You Already	y Li:	sted Continuation Page
KOHL'S CREDIT			On w	hich entry	y in Part 1 or F	Part 2	2 did you list the original creditor?
Name <b>P.O. BOX 3120</b>			Line	<b>4.7</b> of	(Check one):	П	Part 1: Creditors with Priority Unsecured Claims
Number Street					,	V	Part 2: Creditors with Nonpriority Unsecured Claims
MIL WALLEE	\A/I	F2204	— Last	4 digits of	f account num	ber	
MILWAUKEE City	WI State	<b>53201</b> ZIP Code					
NEWTON MEDICAL C	ENTER		On w	hich entry	y in Part 1 or F	Part 2	2 did you list the original creditor?
Name 5126 HOSPITAL DRIV	/E		Line	<b>4.11</b> of	(Check one):	П	Part 1: Creditors with Priority Unsecured Claims
Number Street						$\overline{\mathbf{V}}$	Part 2: Creditors with Nonpriority Unsecured Claims
COVINCTON		2004.4	— Last	4 digits of	f account num	ber	
COVINGTON City	GA State	<b>30014</b> ZIP Code	_				
PARNELL & PARNEL	L, P.A.		On w	hich entry	y in Part 1 or F	Part 2	2 did you list the original creditor?
Name <b>P.O. BOX 2189</b>			Line	<b>4.1</b> of	(Check one):	П	Part 1: Creditors with Priority Unsecured Claims
Number Street						$\overline{\Delta}$	Part 2: Creditors with Nonpriority Unsecured Claims
			— Last	4 digits of	f account num	ber	
MONTGOMERY City	AL State	36102-2189 ZIP Code	_				
COLLECTING FOR A	MERICAN	EXPRESS					
QUALIA COLLECTION	N SERVIC	ES	On w	hich entry	y in Part 1 or F	art 2	2 did you list the original creditor?
Name 1444 NORTH MCDOWELL BLVD				<b>4.7</b> of	(Check one):	П	Part 1: Creditors with Priority Unsecured Claims
Number Street						<b>√</b>	Part 2: Creditors with Nonpriority Unsecured Claims
PETALUMA	<u> </u>	04054	— Last	4 digits of	f account num	ber	<u>6</u> <u>2</u> <u>5</u> <u>6</u>
City	CA State	<b>94954</b> ZIP Code	_				
COLLECTING FOR K	OHL'S DE	PARTMENT ST	ORE				

Debto	r 1	Lucia Carlota Morrison	Case number (if known)					
Par	t 4:	Add the Amounts for Each Type of Unsecured Claim						
6. т	otal th	ne amounts of certain types of unsecured claims. This information is t	for statistical reporting purposes only.					

28 U.S.C. § 159. Add the amounts for each type of unsecured claim.

		, , , , , , , , , , , , , , , , , , ,		
				Total claim
Total claims from Part 1	6a.	Domestic support obligations	6a.	\$0.00
	6b.	Taxes and certain other debts you owe the government	6b.	\$0.00
	6c.	Claims for death or personal injury while you were intoxicated	6c.	\$0.00
	6d.	Other. Add all other priority unsecured claims. Write that amount here.	6d. <b>-</b>	F\$0.00
	6e.	<b>Total.</b> Add lines 6a through 6d.	6d.	\$0.00
				Total claim
Total claims from Part 2	6f.	Student loans	6f.	\$5,750.00
	6g.	Obligations arising out of a separation agreement or divorce that you did not report as priority claims		\$0.00
	6h.	Debts to pension or profit-sharing plans, and other similar debts	6h.	\$0.00
	6i.	<b>Other.</b> Add all other nonpriority unsecured claims. Write that amount here.	6i. 🖣	F\$62,435.92
	6j.	<b>Total.</b> Add lines 6f through 6i.	6j.	\$68,185.92

### Case 21-51913-sms Doc 1 Filed 03/08/21 Entered 03/08/21 16:45:41 Desc Main Document Page 43 of 65

Fill in this inf	ormation to i							
Debtor 1	Lucia First Name	Carlota Middle Name	Morrison Last Name					
Debtor 2 (Spouse, if filing)	First Name	Middle Name	Last Name					
United States Bankruptcy Court for the: NORTHERN DISTRICT OF GEORGIA								
Case number (if known)					Check if this is an amended filing			

#### Official Form 106G

#### Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
  - No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.

    Yes. Fill in all of the information below even if the contracts or leases are listed on *Schedule A/B*: *Property* (Official Form 106A/B).
- 2. List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

Person or company with whom you have the contract or lease

State what the contract or lease is for

Fill in this in	formation to i	dentify your case		
Debtor 1		Carlota	Morrison	
Debtor 1	Lucia First Name	Middle Name	Last Name	-
Debtor 2				
(Spouse, if filing)	First Name	Middle Name	Last Name	_
United States Ba	ankruptov Court fo	or the: NORTHERN C	DISTRICT OF GEORGIA	
	ankiupicy Count ic	in the. <u>MORTHERN E</u>	MOTRIOT OF GEORGIA	-
Case number (if known)				Check if this is an
				amended filing
Official Form	<u> 106H</u>			
Schedule H	: Your Cod	ebtors		
	any codebtors?		oint case, do not list either sp	nown). Answer every question.  Duse as a codebtor.)
include Arizo	na, California, Ida	•		ory? (Community property states and territories Fexas, Washington, and Wisconsin.)
	, ,	rmer spouse, or legal e	equivalent live with you at the	time?
B. In Column 1				

Column 1: Your codebtor

Column 2: The creditor to whom you owe the debt

Check all schedules that apply:

Fill in this inforn	nation to ide	ntify your case:				
Debtor 1	Lucia	Carlota	Morriso	n		
	First Name	Middle Name	Last Name		Che	ck if this is:
Debtor 2 (Spouse, if filing)	First Name	Middle Name	Last Name			An amended filing
United States Bank	ruptcy Court for t	he: NORTHERN	DISTRICT OF G	EORGIA	_	A supplement showing postpetition
Case number						chapter 13 income as of the following date:
(if known)						MM / DD / YYYY
Official Form 10						
Schedule I: Yo	ur Income					12/15
responsible for supply include information al about your spouse. If your name and case r	ying correct info bout your spous f more space is	ormation. If you are se. If you are separ needed, attach a se n). Answer every q	e married and not ated and your spo parate sheet to th	filing jointly ouse is not f	, and your iling with y	l Debtor 2), both are equally spouse is living with you, ou, do not include information any additional pages, write
Fill in your emploinformation.	oyment					
If you have more t			Debtor 1			Debtor 2 or non-filing spouse
job, attach a sepa with information al		nployment status	<ul><li>✓ Employed</li><li>✓ Not employ</li></ul>	ed		☐ Employed ☐ Not employed
additional employe	ers.	cupation	Elderly Careg			
Include part-time, or self-employed v	seasonal,	nployer's name	Self employed			_
Occupation may in	nclude <b>E</b> n	nployer's address				
student or homem applies.		ipioyer's address	Number Street			Number Street
			-			
			City	State	Zip Code	City State Zip Code
	Ho	w long employed th	nere? 7 mont	hs	_	
Part 2: Give D	Details About	Monthly Incom	е			
_			n. If you have noth	ning to report	for any line	, write \$0 in the space. Include your
non-filing spouse unles  If you or your non-filing			er, combine the inf	ormation for	all employe	rs for that person on the lines below. If
you need more space,	attach a separat	e sheet to this form.				·
				For D	ebtor 1	For Debtor 2 or non-filing spouse
		y, and commissions on the commissions on the commissions on the commissions of the commission of the c		2	\$0.00	
3. Estimate and list	monthly overting	ne pay.		3. +	\$0.00	
4. Calculate gross i	ncome. Add lin	e 2 + line 3.		4.	\$0.00	

Official Form 106l Schedule I: Your Income page 1

Debt	Lucia Cariota Morrison		Case nur	nber	(if knov	vn)		
			For Debtor 1		or Debte on-filing	or 2 or 3 spouse	<u>.</u>	
	Copy line 4 here	4.	\$0.00				_	
5.	List all payroll deductions:			•				
	5a. Tax, Medicare, and Social Security deductions	5a.	\$0.00					
	5b. Mandatory contributions for retirement plans	5b.	\$0.00					
	5c. Voluntary contributions for retirement plans	5c.	\$0.00					
	5d. Required repayments of retirement fund loans	5d.	\$0.00					
	5e. Insurance	5e.	\$0.00	•				
	5f. Domestic support obligations	5f.	\$0.00	•				
	5g. Union dues	5g.	\$0.00					
	5h. Other deductions.	•	\$0.00	•				
6	Specify: Add the payroll deductions. Add lines 5a + 5b + 5c + 5d + 5e + 5f +	– <sup>5h.</sup> + 6.		•				
	5g + 5h.		\$0.00	•				
	Calculate total monthly take-home pay. Subtract line 6 from line 4.	7.	\$0.00					
	List all other income regularly received:							
	8a. Net income from rental property and from operating a business, profession, or farm	8a.	\$1,720.00					
	Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.							
	8b. Interest and dividends	8b.	\$0.00					
	8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive	8c.	\$1,050.00					
	Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.							
	8d. Unemployment compensation	8d.	\$0.00					
	8e. Social Security	8e.	\$0.00	•				
	8f. Other government assistance that you regularly receive			•				
	Include cash assistance and the value (if known) or any non- cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies.							
	Specify:	8f.	\$0.00					
	8g. Pension or retirement income	– 8g.	\$0.00					
	8h. Other monthly income.	•		•				
	Specify: 19yr old helps with monthly expenses	_ 8h. <b>+</b>	\$485.00					
9.	<b>Add all other income.</b> Add lines 8a + 8b + 8c + 8d + 8e + 8f + 8g + 8h.	9.	\$3,255.00					
	Calculate monthly income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10.	\$3,255.00	+[			]=[	\$3,255.00
	State all other regular contributions to the expenses that you list in S Include contributions from an unmarried partner, members of your housel friends or relatives.			r roc	mmates	s, and oth	ner	
	Do not include any amounts already included in lines 2-10 or amounts that	at are n	ot available to pay	xpe	nses lis	ted in Sc	hedu	ıle J.
	Specify:					_ 11.	+_	\$0.00
	Add the amount in the last column of line 10 to the amount in line 11. income. Write that amount on the Summary of Your Assets and Liabilitie if it applies.					12.		\$3,255.00 Combined nonthly income
13.	Do you expect an increase or decrease within the year after you file	this for	·m?				"	Tomany mounte
	✓ No. None.							
	Yes. Explain:							

Debtor 1	Lucia Carlota Morrison		Case number (if known)	
8a. Attach	ed Statement (Debtor 1)			
		Self-employed caregiver		
Gross Mo	onthly Income:			\$1,720.00
Expense		Category	Amount	
Total Mo	nthly Expenses			\$0.00
Net Mont	hly Income:			\$1,720.00

Official Form 106l Schedule I: Your Income page 3

G	ill in this inform	ation to ident	ify your case:			Chas	de if this	:		
	Debtor 1	Lucia First Name	Carlota Middle Name	Morr Last Na				is: nded filing ement showing	postp	etition
	Debtor 2 (Spouse, if filing)	First Name	Middle Name	Last Na	ame	-	chapter following	13 expenses a g date:	s of th	e
	United States Bankru	uptcy Court for the	e: NORTHERN DI	STRICT O	F GEORGIA		MM / DE	D / YYYY	_	
	Case number						IVIIVI / DL	J/ 1111		
	(if known)	0.1				]				
	fficial Form 10 chedule J: Yo									12/15
Be cor nar	as complete and ac rrect information. If me and case numbe	curate as possil more space is n r (if known). An	ole. If two married po needed, attach anothe swer every question.	er sheet to	ling together, both ar this form. On the top	-	-			ıg
P	art 1: Descri	oe Your Hous	ehold							
1.	Is this a joint case	?								
	_ No	ebtor 2 live in a s	separate household?		s for Separate Housel	nold of	Debtor 2	2.		
2.	Do you have depe				Dependent's relation		to	Dependent's		es dependent with you?
	Debtor 2.	and	for each dependent		daughter			age 16		No
	Do not state the de names.	pendents'			daughter			14		Yes No Yes
					daughter			19		No Yes No
									-     -	Yes No Yes
3.	Do your expenses expenses of peop yourself and your	le other than	<ul><li>✓ No</li><li>☐ Yes</li></ul>							
P	Part 2: Estima	te Your Ongo	ing Monthly Exp	enses						
to I		of a date after th		-	are using this form as a supplemental Scheo	-	-	-		
			sh government assis on Schedule I: Your Ir	-				Your expens	ses	
4.			penses for your resid d any rent for the groun				4			\$1,350.00
	If not included in I	ine 4:								
	4a. Real estate ta	xes					4	a		
	4b. Property, hom	eowner's, or rente	er's insurance				4	b		
	4c. Home mainter	nance, repair, and	d upkeep expenses				4	c		
	4d Homeowner's	association or co	ndominium dues				1	d		

Deb	tor 1 Lucia Carlota Morrison	Case number (if known)	
		Your expens	es
5.	Additional mortgage payments for your residence, such as home equity loans	5.	
6.	Utilities:		
	6a. Electricity, heat, natural gas	6a	\$200.00
	6b. Water, sewer, garbage collection	6b	\$25.00
	6c. Telephone, cell phone, Internet, satellite, and cable services	6c	\$170.00
	6d. Other. Specify:	6d	\$75.00
7.	Food and housekeeping supplies	7.	\$1,000.00
8.	Childcare and children's education costs	8.	
9.	Clothing, laundry, and dry cleaning	9.	\$75.00
10.	Personal care products and services	10.	
11.	Medical and dental expenses	11.	
12.	<b>Transportation.</b> Include gas, maintenance, bus or train fare. Do not include car payments.	12.	\$300.00
13.	Entertainment, clubs, recreation, newspapers, magazines, and books	13.	
14.	Charitable contributions and religious donations	14.	
15.	<b>Insurance.</b> Do not include insurance deducted from your pay or included in lines 4 or 20.		
	15a. Life insurance	15a.	
	15b. Health insurance	15b.	
	15c. Vehicle insurance	15c.	\$80.00
	15d. Other insurance. Specify:	15d.	
16.	<b>Taxes.</b> Do not include taxes deducted from your pay or included in lines 4 or 20. Specify:	16.	
17.	Installment or lease payments:		
	17a. Car payments for Vehicle 1	17a	
	17b. Car payments for Vehicle 2	17b	
	17c. Other. Specify:	17c	
	17d. Other. Specify:		
18.	Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I).	18.	
19.	Other payments you make to support others who do not live with you.  Specify:	19.	

Debtor 1		Lucia Carlota Morrison	Case number (if known)	
20.		real property expenses not included in lines 4 or 5 of this form or on dule I: Your Income.		
	20a.	Mortgages on other property	20a	
	20b.	Real estate taxes	20b	
	20c.	Property, homeowner's, or renter's insurance	20c	
	20d.	Maintenance, repair, and upkeep expenses	20d	
	20e.	Homeowner's association or condominium dues	20e	
21.	Othe	. Specify:	21. <b>+</b> _	
22.	Calcu	late your monthly expenses.		
	22a.	Add lines 4 through 21.	22a	\$3,275.00
	22b.	Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2.	22b	
	22c.	Add line 22a and 22b. The result is your monthly expenses.	22c	\$3,275.00
23.	Calcu	late your monthly net income.		
	23a.	Copy line 12 (your combined monthly income) from Schedule I.	23a. <u> </u>	\$3,255.00
	23b.	Copy your monthly expenses from line 22c above.	23b. <b>_</b> _	\$3,275.00
	23c.	Subtract your monthly expenses from your monthly income. The result is your monthly net income.	23c	(\$20.00)
24.	Do y	ou expect an increase or decrease in your expenses within the year after you	ı file this form?	
		xample, do you expect to finish paying for your car loan within the year or do you cent to increase or decrease because of a modification to the terms of your mortga	. ,	
		No.		
		Yes. Explain here: None.		
		NOTIG.		

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Fil	in this inf	ormation to i	dentify your case	:		
Deb	otor 1	Lucia	Carlota	Morrison		
		First Name	Middle Name	Last Name		
	otor 2 ouse, if filing)	First Name	Middle Name	Last Name		
Uni	ted States Bar	nkruptcy Court fo	or the: <b>NORTHERN D</b>	DISTRICT OF GEORGIA		
	se number nown)				Check if the amended	
)ffi	cial Form	106Sum				
ur	nmary of	Your Ass	ets and Liabilit	ties and Certain Statis	stical Information	12/1
						our assets
	Schedule A/B.	: Property (Offici	al Form 106A/B)		V	alue of what you own
	1a. Copy line	55, Total real e	state, from Schedule A	/B		\$0.00
	1b. Copy line	e 62, Total perso	nal property, from Sche	edule A/B		\$8,951.00
	1c. Copy line	e 63, Total of all	property on Schedule A	V/B		\$8,951.00
Pa	rt 2: Sui	mmarize Yoເ	ır Liabilities			
						Your liabilities Amount you owe
			•	Property (Official Form 106D) f claim, at the bottom of the last p	age of Part 1 of Schedule D	\$0.00
	Schedule E/F:					

### Part 3: Summarize Your Income and Expenses

3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F.....+ \_\_\_

\$68,185.92

\$68,185.92

Your total liabilities

Del	otor 1	Lucia Carlota Morrison	Case number (	umber (if known)		
P	art 4:	Answer These Questions for Administrative and Statistic	al Records	<b>.</b>		
6.	Are y	ou filing for bankruptcy under Chapters 7, 11, or 13?				
	ш.	No. You have nothing to report on this part of the form. Check this box and su	bmit this form	to the court with you	r other schedules.	
7.	What	kind of debt do you have?				
	\	Your debts are primarily consumer debts. Consumer debts are those "incur family, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statist Your debts are not primarily consumer debts. You have nothing to report or this form to the court with your other schedules.	tical purposes.	28 U.S.C. § 159.	•	
8.		the Statement of Your Current Monthly Income: Copy your total current moal Form 122A-1 Line 11; OR, Form 122B Line 11; OR, Form 122C-1 Line 14.	nthly income f	rom	\$3,174.17	
9.	Сору	the following special categories of claims from Part 4, line 6 of <i>Schedule</i>	E/F:	_		
			т	otal claim		
	From	Part 4 on Schedule E/F, copy the following:				
	9a. [	Domestic support obligations. (Copy line 6a.)	_	\$0.00	-	
	9b. 7	Taxes and certain other debts you owe the government. (Copy line 6b.)	_	\$0.00	-	
	9c. (	Claims for death or personal injury while you were intoxicated. (Copy line 6c.)	_	\$0.00	-	
	9d. S	Student loans. (Copy line 6f.)	_	\$5,750.00	-	
		Obligations arising out of a separation agreement or divorce that you did not reportority claims. (Copy line 6g.)	oort as _	\$0.00	-	
	Of [	Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6b	) <b>+</b>	\$0.00		

9g. Total. Add lines 9a through 9f.

\$5,750.00

Fill in this inf	ormation to i	dentify your case		
Debtor 1	Lucia	Carlota	Morrison	
	First Name	Middle Name	Last Name	
Debtor 2				
(Spouse, if filing)	First Name	Middle Name	Last Name	
United States Bar	nkruptcy Court fo	r the: <b>NORTHERN D</b>	ISTRICT OF GEORGIA	
Case number				Chapte if this is an
(if known)				Check if this is an amended filing
Official Form	106Daa			-
Official Form				
Declaration	About an I	ndividual Debt	or's Schedules	12/15
\$250,000, or impri	-		/ fraud in connection with a ba 18 U.S.C. §§ 152, 1341, 1519, a	nkruptcy case can result in fines up to nd 3571.
		omeone who is NOT	an attorney to help you fill out	bankruptcy forms?
<b>√</b> No				
— □ Yes. Na	ame of person			Attach Bankruptcy Petition Preparer's Notice,
	· —			Declaration, and Signature (Official Form 119).
Under penalty true and corr		clare that I have read	the summary and schedules fi	led with this declaration and that they are

X /s/ Lucia Carlota Morrison
Lucia Carlota Morrison, Debtor 1

MM / DD / YYYY

Date 03/05/2021

Signature of Debtor 2

MM / DD / YYYY

Date

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Fill in this information to identify your case:					
Debtor 1	Lucia First Name	Carlota Middle Name	Morrison Last Name		
Debtor 2	i ii st i valile	middle Name	Lastivanie		
(Spouse, if filing)	First Name	Middle Name	Last Name		
United States Bar	nkruptcy Court f	or the: <b>NORTHERN D</b>	ISTRICT OF GEORGIA		
Case number (if known)					

#### Official Form 108

#### Statement of Intention for Individuals Filing Under Chapter 7

12/15

If you are an individual filing under chapter 7, you must fill out this form if:

- creditors have claims secured by your property, or
- you have leased personal property and the lease has not expired.

You must file this form with the court within 30 days after you file your bankruptcy petition or by the date set for the meeting of creditors, whichever is earlier, unless the court extends the time for cause. You must also send copies to the creditors and lessors you list on the form.

If two married people are filing together in a joint case, both are equally responsible for supplying correct information. Both debtors must sign and date the form.

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known).

#### Part 1: List Your Creditors Who Hold Secured Claims

1. For any creditors that you listed in Part 1 of Schedule D: Creditors Who Hold Claims Secured by Property (Official Form 106D), fill in the information below.

Identify the creditor and the property that is collateral

What do you intend to do with the property that secures a debt?

Did you claim the property as exempt on Schedule C?

None.

#### Part 2: List Your Unexpired Personal Property Leases

For any unexpired personal property lease that you listed in Schedule G: Executory Contracts and Unexpired Leases (Official Form 106G), fill in the information below. Do not list real estate leases. Unexpired leases are leases that are still in effect; the lease period has not yet ended. You may assume an unexpired personal property lease if the trustee does not assume it. 11 U.S.C. § 365(p)(2).

Describe your unexpired personal property leases

Will this lease be assumed?

None.

Debtor 1	Lucia Carlota Morrison		Case number (if known)
Part 3:	Sign Below		
	penalty of perjury, I declare that I al property that is subject to an u		my intention about any property of my estate that secures a debt and .
	ia Carlota Morrison arlota Morrison, Debtor 1	X _	ignature of Debtor 2
	3/05/2021 MM / DD / YYYY	С	ate MM / DD / YYYY

B2030 (Form 2030) (12/15)

#### UNITED STATES BANKRUPTCY COURT NORTHERN DISTRICT OF GEORGIA ATLANTA DIVISION

ın ı	re Lucia Cariota Morrison	Case N	10.
		Chapter	r <u>7</u>
	DISCLOSURE OF COMPENSATION	N OF ATTORNEY FO	OR DEBTOR
	Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), I ce that compensation paid to me within one year before the filing o services rendered or to be rendered on behalf of the debtor(s) i is as follows:	f the petition in bankruptcy,	or agreed to be paid to me, for
	For legal services, I have agreed to accept	<u> </u>	\$1,200.00
	Prior to the filing of this statement I have received		\$1,200.00
	Balance Due		\$0.00
2.	The source of the compensation paid to me was:  ☐ Debtor ☐ Other (specify)		
3.	The source of compensation to be paid to me is:		
	✓ Debtor  ☐ Other (specify)		
4.	☑ I have not agreed to share the above-disclosed compensation associates of my law firm.	tion with any other person u	unless they are members and
	☐ I have agreed to share the above-disclosed compensation associates of my law firm. A copy of the agreement, togeth compensation, is attached.		
5.	In return for the above-disclosed fee, I have agreed to render le	gal service for all aspects o	of the bankruptcy case, including:
	a. Analysis of the debtor's financial situation, and rendering advankruptcy;	vice to the debtor in determi	ining whether to file a petition in
	b. Preparation and filing of any petition, schedules, statements	of affairs and plan which ma	ay be required;
	c. Representation of the debtor at the meeting of creditors and	confirmation hearing, and a	any adjourned hearings thereof;

B2030 (Form 2030) (12/15)

6. By agreement with the debtor(s), the above-disclosed fee does not include the following services: **Representation in Adversary Proceedings** 

#### **CERTIFICATION**

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding.

03/05/2021 /s/ Shannon D. Sneed

Date Shannon D. Sneed

Shannon D. Sneed & Associates, P.C. P.O. Box 1245

2112 Lee Street NW Covington, GA 30015

Phone: (770) 788-0011 / Fax: (770) 788-1702

Bar No. 665610

/s/ Lucia Carlota Morrison

Lucia Carlota Morrison

F	ill in this in	formation to i	dentify your case:			e box only as dire	
De	ebtor 1	Lucia	Carlota	Morrison	form and	in Form 122A-1Sເ	ipp:
		First Name	Middle Name	Last Name	1. There is	no presumption of abu	se.
	ebtor 2 Spouse, if filing	First Name	Middle Name	Last Name	of abuse	culation to determine if a applies will be made unest Calculation (Officia	ınder Chapter 7
Uı	nited States Ba	ankruptcy Court fo	or the: <b>NORTHERN D</b>	ISTRICT OF GEORGIA		ans Test does not apply	
	ase number known)					ied military service but	
					Check if t	this is an amended filin	g
Of	ficial Forn	n 122A-1					
Ch	napter 7 S	Statement o	f Your Current	Monthly Income			04/2
info are mili 122	ormation appli exempted fro itary service, (A-1Supp) wit	ies. On the top on a presumption complete and file https://www.complete.com/	of any additional pages n of abuse because yo	neet to this form. Include the set to this form. Include the set write your name and case u do not have primarily consion from Presumption of Ab	number (if know sumer debts or b	n). If you believe that ecause of qualifying	you
			g status? Check one o				
1.				my.			
			umn A, lines 2-11.				
	Married	d and your spous	e is filing with you. Fi	Il out both Columns A and B, I	ines 2-11.		
	Married	l and your spous	e is NOT filing with yo	u. You and your spouse are	):		
	☐ Liv	ing in the same	household and are no	legally separated. Fill out bo	oth Columns A and	d B, lines 2-11.	
	de	clare under penal	ty of perjury that you and	l. Fill out Column A, lines 2-11 d your spouse are legally sepa that do not include evading the	rated under nonb	ankruptcy law that app	lies or that you
	bankruptcy August 31. I in the result.	case. 11 U.S.C. f the amount of your Do not include as	§ 101(10A). For exampour monthly income varing income amount more	ed from all sources, derived ole, if you are filing on Septem ed during the 6 months, add the than once. For example, if b nave nothing to report for any	ber 15, the 6-mon ne income for all 6 oth spouses own	th period would be Mar 5 months and divide the the same rental proper	ch 1 through total by 6. Fill
					Column A  Debtor 1	Column B  Debtor 2 or non-filing spouse	
2.	_	wages, salary, tip ayroll deductions).	os, bonuses, overtime	and commissions	\$1,639.17		
3.	Alimony and if Column B i	-	ayments. Do not includ	le payments from a spouse	\$1,050.00		
4.	expenses of regular contr your depende	f you or your dep ibutions from an u ents, parents, and		ild support. Include	\$485.00		

Del	btor 1 Lucia Carlota Morriso	on		c	ase number (if k	nown)	
					Column A  Debtor 1	Column B  Debtor 2 or non-filing spouse	
5.	Net income from operating a bu	siness, profession, c	or farm				
		Debtor 1	Debtor 2				
	Gross receipts (before all deductions)	\$0.00		_			
	Ordinary and necessary operating expenses	\$0.00		- Conv			
	Net monthly income from a busine profession, or farm	ess, <b>\$0.00</b>		Copy _ here →	\$0.00		
6.	Net income from rental and other	er real property					
		Debtor 1	Debtor 2				
	Gross receipts (before all deductions)	\$0.00		_			
	Ordinary and necessary operating expenses	\$0.00		— Сору			
	Net monthly income from rental o other real property	\$0.00		here	\$0.00		
7.	Interest, dividends, and royaltie	s			\$0.00		
8.	Unemployment compensation				\$0.00		
	Do not enter the amount if you co benefit under the Social Security						
	For you		\$0	0.00			
	For your spouse						
9.	Pension or retirement income. was a benefit under the Social Se next sentence, do not include any allowance paid by the United Stat disability, combat-related injury or uniformed services. If you receiv of title 10, then include that pay or amount of retired pay to which you under any provision of title 10 oth	curity Act. Also, except compensation, pension es Government in condisability, or death of ed any retired pay paid to extent that it does a would otherwise be expensed.	pt as stated in the on, pay, annuity, nection with a a member of the d under chapter 6 es not exceed the entitled if retired	e or 1	\$0.00		

Deb	tor 1	Lu	icia Carlota Morrison		Case number (if k	nown)	
					Column A  Debtor 1	Column B  Debtor 2 or non-filing spous	e
10.	amour payme declar (50 U. (COVI humar pay, a conne- memb	nt. Dents red by S.C. D-19 nity, connuit ction er of	om all other sources not listed above. o not include any benefits received under the Federal law relating to the other than the President under the National Emergy 1601 et seq.) with respect to the coronawally; payments received as a victim of a ware international or domestic terrorism; or or or international or domestic terrorism; or or internation	r the Social Security Act; e national emergency gencies Act rirus disease 2019 r crime, a crime against compensation, pension, s Government in			
	Calcu Add lir Then a	late y	ints from separate pages, if any.  your total current monthly income. through 10 for each column. he total for Column A to the total for Colu	ımn B.	\$3,174.17	++	= \$3,174.17  Total current monthly income
P	art 2:		Determine Whether the Means T	est Applies to You			
12.	Calcu	late y	your current monthly income for the ye	ear. Follow these steps:			
	12a.	Cop	y your total current monthly income from	line 11	Copy lir	ne 11 here → 12	2a. <b>\$3,174.17</b>
		Mult	iply by 12 (the number of months in a year	ar).			X 12
	12b.	The	result is your annual income for this part	of the form.		12	2b. <b>\$38,090.04</b>
13.	Calcu	late 1	the median family income that applies	to you. Follow these steps:			
	Fill in t	the s	tate in which you live.	Georgia			
	Fill in t	he n	umber of people in your household.	4			
	Fill in t	he m	nedian family income for your state and s	ize of household		13	\$8 <b>7,317.00</b>
			st of applicable median income amounts, s for this form. This list may also be avai				
14.	How o	lo th	e lines compare?				
	14a.		Line 12b is less than or equal to line 13. Go to Part 3. Do NOT fill out or file Office		ox 1, There is no pr	resumption of abuse	Э.
	14b.		Line 12b is more than line 13. On the to Go to Part 3 and fill out Form 122A-2.	pp of page 1, check box 2, <i>The p</i>	oresumption of abu	se is determined by	/ Form 122A-2.

ebtor 1	Lucia Carlota Morrison	Case number (if known)
Part 3:	Sign Below	
By si	gning here, I declare under penalty of perjury that tl	the information on this statement and in any attachments is true and correct.
-		, , , , , , , , , , , , , , , , , , ,
<i>-</i>	Lucia Carlota Morrison Lucia Carlota Morrison, Debtor 1	X Signature of Debtor 2

If you checked line 14b, fill out Form 122A-2 and file it with this form.

#### Page 62 of 65 Document

### **Current Monthly Income Calculation Details**

In re: Lucia Carlota Morrison Case Number: Chapter: 7

#### Gross wages, salary, tips, bonuses, overtime and commissions. 2.

Debtor or Spouse's Income	Description (if	Description (if available)					
	6 Months Ago	5 Months Ago	4 Months Ago	3 Months Ago	2 Months Ago	Last Month	Avg. Per Month
Debtor	Self-employe \$1,220.00	ed caregiver \$1,600.00	\$2,010.00	\$1,565.00	\$1,720.00	\$1,720.00	\$1,639.17

#### 3. Alimony and maintenance payments.

Debtor	Child suppo	ort					
	6 Months Ago	5 Months Ago	4 Months Ago	3 Months Ago	2 Months Ago	Last Month	Avg. Per Month
Debtor or Spouse's Income	Description (if available)						

Deproi Cilia Support

\$1,050.00 \$1,050.00 \$1,050.00 \$1,050.00 \$1,050.00 \$1,050.00 \$1,050.00

#### All amounts from any source which are regularly paid for household expenses of you or your dependents, including child support.

Debtor or Spouse's Income	Description (if available)						
	6 Months Ago	5 Months Ago	4 Months Ago	3 Months Ago	2 Months Ago	Last Month	Avg. Per Month
						\$485.00	
Debtor	Contribution \$485.00			\$485.00	\$485.00	0	0 \$485.00

AMERICAN EXPRESS P.O. BOX 981537 EL PASO, TX 79998

AMERICAN EXPRESS
CORRESPONDENCE\_BANKRUPTCY
P.O. BOX 981540
EL PASO, TX 79998

CAVALRY PORTFOLIO SERVICES 500 SUMMIT LAKE DRIVE SUITE 400 VALHALLA, NY 10595

CHASE CARD SERVICES
CORRESPONDENCE DEPT
P.O. BOX 15298
WILMINGTON, DE 19850

CHASE CARD SERVICES
P.O. BOX 6294
CAROL STREAM IL 60197

COOLING & WINTER, LLC 1355 ROSWELL ROAD SUITE 240 MARIETTA, GA 30062

CREDIT CONTROL, LLC 5757 PHANTOM DRIVE SUITE 330 HAZELWOOD, MO 63042

CREDIT CONTROL, LLC P.O. Box 187 Hazelwood, MO 63042

DARNEL QUICK RECOVERY P.O. BOX 2416 4134 HWY 278 COVINGTON, GA 30015 DEPT OF EDUCATION\_NAVIENT 123 JUSTISON STREET 3RD FLOOR WILMINGTON, DE 19801

DEPT OF EDUCATION\_NAVIENT P.O. BOX 9635 WILKES BARRE, PA 18773

DISCOVER FINANCIAL SERVICE, LLC P.O. BOX 15316 WILMINGTON, DE 19850-5316

DISCOVER FINANCIAL SERVICE, LLC P.O. BOX 3025
NEW ALBANY, OH 43054

FROST-ARNETT COMPANY
P.O. BOX 198988
NASHVILLE, TN 37219-8988

JPMCB CARD SERVICES P.O. BOX 15369 WILMINGTON, DE 19850

KOHL'S CREDIT P.O. BOX 3120 MILWAUKEE, WI 53201

KOHL'S\_CAPITAL ONE P.O. BOX 3115 MILWAUKEE, WI 53201

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LISA D. MILLER, MD PEDIATRICS P.C. 4152 BAKER STREET NE COVINGTON, GA 30014

NEWTON FEDERAL BANK 3175 U.S. 278 COVINGTON, GA 30014

NEWTON MEDICAL CENTER 5126 HOSPITAL DRIVE COVINGTON, GA 30014

PARNELL & PARNELL, P.A. P.O. BOX 2189 MONTGOMERY, AL 36102-2189

PIEDMONT NEWTON HOSPITAL 5126 HOSPITAL DRIVE COVINGTON, GA 30014

QUALIA COLLECTION SERVICES 1444 NORTH MCDOWELL BLVD PETALUMA, CA 94954

SUMMIT RIDGE HOSPITAL
GEORGIA BUSINESS CENTER
1 DUNWOODY PARK
SUITE 230
DUNWOODY, GA 30338-7404

SYNCHRONY BANK P.O. BOX 965064 ORLANDO, FL 32896

VERIZON WIRELESS P.O. BOX 650051 DALLAS, TX 75265